tar, page 3 after death

nding physician and completely filled in by the funeral director, carbonpopers. Pages 1 and 2 should be filed within 72 hours <u>aff</u>

injury, ar other traumatic event, the medical

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carbon papel with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo

IMPORTANT: If Item 21 is marked or Item 18 shows ony

STATE OF MARYLAND

FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND CERTIFICATE OF		79-02	239	
1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	2a. f	DATE OF DEATH MONTH	DAY YEAR 26	HOUR
Rosa	I.	Anson	AU S	January	23 1979 2	: 35 nM
3 SEX	4 RACE	5. DATE OF BIRTH	YEAR	GE (IN YEARS LAST BIRTHDAY)		UNDER 24 HRS.
female	White	July 22,	1888	90	YRS.	JURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER	MARRIED 9. B	ALTIMORE CITY OR CO	UNTY OF DEATH	7 5 7
North Carolina		WIDOWED [DIVORCED I	Prince Georg	e's	MD.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET			USUAL OCCUPATION PEOF WORK FOR MOST OF WORK 10USEWITE	12b. KIND OF B	
Hyattsville	Sacred Heart Nu	rsing Home		nousewile	X	Home
130 STATE Md	or other institution, give residence before NTY or Town Yeartsvi	/N 13d. INSIDE		STREET ADDRESS 3317 Lancer	Drive	
14 FATHER'S NAME FIRST WILLIAM R	MIDDLE LAST Bate	15 MOTHE	r's maiden name first Irene	Silva	LAST	
16a WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECTION (NE WAR OR DATES) 213-74-0	Mar	ie A Thrif	t College	e Park, Mary	yland
18 CAUSE OF DEATH (Enter of					APPROXIMAT BETWEEN ONS	E INTERVAL
PART I. DEATH WAS CAUS	only one couse per line for (o), (b), or SED BY: ATE CAUSE (o) <u>ACUTE</u> CE	rdiovascula	r insuffic	riency	One da	371 134
	(b) Advanced DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	ENCE OF		disease		wn
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	TION FOR WHICH OPERATION WAS PER			206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES \(\begin{array}{c} \text{NO} \\ \text{PS} \(\begin{array}{c} \text{NO} \\ \text{NO}	
OR CONTRIBUTION CAUSE OF D	EATH HOUR A.M. MONTH D		INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITE	EM 18, PART 1 OR PART 2)	
OR CONTRIBUTING CAUSE OF DEPTH OF THE PRIME CALEXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21 e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f. LOCAT		CITY OR TOWN	COUNTY	STATE
22a.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did n	pital) attended the deceased from January 23 19 not) view the body after death.	December 6 79, and that in (m	, 19 <u>76</u> y) (our) opinion deoth	to January 23 h occurred on the dote on	, 19 79 , tho nd hour and from the cou	
226 SIGNATURE	Louisen	DEGREE		EDICAL STAFF RECTOR PHYSICIAN [22c. DATE SIC	
22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDR	ESS			1 237
Carl J. Hou	ımann, M. D.	4404	Queenshur	v Road Riv	erdale Md	
236. BURIAL, CREMATION, REMOVA	AL 23b. DATE 23c.	NAME OF CEMETERY OF	R CREMATORY 2	3d. LOCATION	COUNTY	STATE
Burial	Jan 26, 1979	Ft Lincoln (Brentwood F		Md.
24. FUNERAL DIRECTOR NAME F. Gasch's Sons	ADDRESS	a Md	250. DATE REC	C'D. BY REGISTRAR 25b. R	EGISTRAR'S SIGNATURE	-du
r. dasch's sons	P A Hyattsville	e, Ma		60 013 1		7

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or ottending physician. DHMH - 16 50M 7/77 (VR A 15 (4))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN A MONTH YEAR Zb. HOUR (TYPE OR PRINT) OF ESTIauklence undson DEATH MATED 79 19 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR 7 8 YRS PRONOUNCTan. 79 50 19 76. CITIZEN OF WHAT COUNTRY 7n BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED FOREIGN COUNTRY) PR TNCE GEORGES WIDOWED DIVORCED South Dakota PAGE 5 E FILED, V 5, 301 W. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) 3. RETAIN PASHOULD BE FOUND BE Cheverly Prince George's Gen 17 Hosp Newspaper Adv Newspaper Co USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONA 13a. STATE 1136. COUNTY 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e STREET ADDRESS Crescent Road Maryland Pro Geo !s Greenhelt YES a NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FORM PM ES 1 AND 2 ON OFWITA MIDDLE LAST MIDDLE 1AST Amundson Daley Albert Frances 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. **ADDRESS** PAGES 1 (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES 503-01-6363 (wife) Amundson same as blk 18 CAUSE OF DEATH (Enter anly one cause perhine far (o), (b), and (c). HYGIENE, D BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Carcho . carepro Vasquela Filmos elesofre IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF REMOVAL Canditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last OR DIVISION OF VITAL RECORDS, 301 CREMATION. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). AS A CERTIFICATION 19g DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF TO BURIAL, YES NO T PAGE 3 SHOULD BE STATE DEPARTMENT (2) 2010 PRIOR TO BURIA 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC. STREET WHILE CITY OF TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge af the remains described above, held on Autopsy Inspection ARYLAND TO MEDICAL EXAMIN
EXECUTE THE CERTIFIC
PAGE 4 SHOULD BE
TO FUNERAL DIRECT
AFTER DEATH, WITH TI
BAITIMORE, MARYLAN death resulted from: Natural causes Homicide Undetermined manner TITLE (SPECIFY) ACTUAL 79 DATE Jan. Deputy SIGNATURE MEDICAL EXAMINER MORE AUGÚSTO RODRIGUE 12800 Willow Wind Circle, Tantallon EXAMINER'S NAME (TYPE OR PRINT **ADDRESS** 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY ORIGINATIONY COUNTY STATE BP Brentwood Lincoln Cemetery Geo!s 24. FUNERAL DIRECTOR 25a. D'ATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** Francis Gasch's Sons. PA Hyattsville, Md. (VR A15 ME (5)) 15M 7/77

79-02240

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

I. DE	REGISTRAR		22	CERTIF	ICATE OF DEATH	REG. N	0.		
	. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT)			t.	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	AMADO)		AU:	STRIA	J.	AN	25 1979	1:40
3. SE	MALE	4 RACE FILIE	PINO	5. DATE OF BIRTH SEP 1 1908		6 AGE (IN YEARS LAST BIRT	THDAY) YRS.	MONTHS DAYS	IF UNDER 24
	O. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTY PHILIPPINES USA			8 MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY OF PRINCE G	R COUNT		Y
I	ANDREWS AFB	MALCOLM	A GROW US	G HOME C ADDRESS) AF MEI	DICAL CENTER	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O SEAMAN		17b. KIND O INDUSTRY US N.	
13a. S		DR OTHER INSTITUTION, JNTY CEAN	GIVE RESIDENCE BEFORE 13c CITY OR TOWN JACKSON	N	13d. INSIDE CITY LIMITS? YES 🕻 NO 🗌	13e STREET ADDRESS 6 CITADEL	DR.		
7	ATHER'S NAME FIRST VICENTE	WIDDLE	AUSTRIA	(D)	BARBARA	MIDDLE		VELAS	
	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) YES 192	RMED FORCES? IVE WAR OR DATES) 29-1959	228-52-2		LYDIA L. AUS	TRIA (WIFE)		E AS 13	MATE INTERV
CERTIFICATION	Conditions, if any, which gove rise to immediate couse iot, stating the underlying couse lost PART 2 OTHER SIGNIFICANT Panal Faciliars 19a DATE OF OPERATION	(c) CONDITIONS <u>CC</u>	ONTRIBUTING TO D	NCE OF SEATH BUT		INAL DISEASE OR CON	20b. IF YE	IVEN IN PART ICE	NGS USED
<u></u>								II THITO CAUSES	OI DEATH
ERT	71g. ACCIDENT WAS UNDERLYING	216. TIME O	FINJURY		21c HOW INJURY OCCUR	YES X NO	Y	PART 1 OR PART 2)	NO 🗌
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (# EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	R) HOUR A	M, MONTH DA M. OF INJURY	19	211. HOW INJURY OCCUR!	RED (ENTER NATURE OF INJUI	RY IN ITEM 18,	, PART 1 OR PART 2)	
MEDICAL CERTII	OR CONTRIBUTING CAUSE OF D	HOUR A R) P 21e. PLACE (AT HOME, STE	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA e deceased from 19	19 ARM, ETC.) 18 Va. 79 , on	211 LOCATION STREET	CITY OR TO	Y IN ITEM 18.	COUNTY 19 29	stat that (I) (we couses state

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate hos been TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the should be detached for use as the burial-transit permit. Then please remove corti with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or

STATE OF MARYLAND 79-02243 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME MIDDLE 2n DATE OF DEATH 26 HOUR (TYPE OR PRINT) Etta AVENT January 4, 1979 3:00 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF LINDER I VE AR IF LINITED 24 MDS 1900 HOURS 30 Female Black To. BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH Virginia MARRIED NEVER MARRIED USA Prince Georges County WIDOWEDE DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR Glenn Dale Hospital (TYPE OF WORK FOR WOSE OF WORKING LIFE INDUSTRY Glenn Dale DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 3 COUNTY Washington 13c CITY OR FOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 606 Emerson Street. N.E. YES F 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST LAST FIRST LAST Unknown Unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT SAA (YES, NO OR BUKNOWN) (IF YES, GIVE WAR OR DATES) James E. Avent - Son 212-12-3561A APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY. Recurrent Cerebrovascular accident Sudden IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic cardiovascular disease gave rise to immediate couse 101, stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Chronic brain syndrome; sacral ulcer; pulmonary tuberculosis, moderately advanced, onset 9/78. CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? bei Hygier NOXX YES [NO I certificate 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21t HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 71d INJURY OCCURRED 21f. LOCATION ō 21e. PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COLINTY STATE Sept 220.1 certify that X (this haspital) attended the deceased fram_ 19.79 sow the deceosed olive on Jan 4 above. ** (we) (did) (***) view the body ofter death and that in XXX (aur) apinian death occurred on the date and hour and fram the causes stated DIRE DEGREE 22c. DATE SIGNED 4 ATTENDING MEDICAL FUNERAL should be det with the State IMPORTANT: PHYSICIAN DIRECTOR TO PHYSICIAN Jan. 4,1979 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Glenn Dale Hospital James W. Wills, M.D. Glenn Dale, Maryland 20769 230. BURIAL CREMATION REMOVAL 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Rocky Motory N.C. STATE Removal SHIP TO ATE REC'D. BY REGISTRAR 736 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VR A 15 (4))

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE LAST 20 DATE OF DEATH 26 HOUR TYPE OR PRINT Jan GEORGE 6:30 A M BADEN. SR. 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) malo_ White MONTH 1924 DOC TO BIRTHPLACE STATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland USA Prince George's WIDOWED O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) clinton, med INDUSTRY Southern maryland Hospital DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 Security Guard USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 20735 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS maryland Prince geor linton 5914 Danford Dr. Clinton Md 4 FATHER S NAME AN IDIDLE LAST FIRST MIDDLE FRANCIS BADEN ANNIE CARROLL 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT I (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Same as Item # 13 WW 11 Army 216 16 0529 Margaret G. Baden nech metastasis. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Terminal larges and pharing with wears IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF myocardial infarction Conditions, if ony, which 4ears gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 CERTIFICATION 9n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? au 24 concer of Jaryny 21a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) HOUR A.M. MONTH YEAR OR CONTRIBUTING CAUSE OF DEATH DAY MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE [ran 22s.1 certify that (1) (this hospital) attended the deceased from Jan 21 sow the deceosed olive on_ and that in (my) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF M. D. should be deto with the Stote IMPORTANT: I FUNERAL DIRECTOR PHYSICIAN 3611 Branch Ave, Hillcrost Hts. md 20031 J. CHEN 231. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23d. LOCATION STATE Jan 30-1979 Resurrection Cemetery Burial Clinton Pr. Geo 24 FUNERAL DIRECTOR George Oxon Hill. Man DALB REC'D. BY MONRAR 256 PEC Kalas DHMH - 16 60M 1/75 HILL (VR A 15 (4)) 6160-0XON

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

retained by the haspital or attending physician.

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FOR 1 - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-02246

KEOIST						REG	.NO			
1. DECEASED 1 (TYPE OR PRINT)	., ., ., .	FIRST	MIDDLE		AST	20 DATE OF DEATH	HTMOM	DAY	YEAR	2b. HOUR
		FRANCES	R	BE	ACH		01	06	79	12:35F
3. SEX		4 RACE		5 DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS		IF UNDER 74 HR
Fema.	.e	WE	nite	Oc.	t. 31°, 1909 YEAR	69	YRS		DATS	HOURS MIN
7a. BIRTHPLAC	E (STATE OR FORE		OF WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUN	ITY OF DE	ATH	
COUNTRIE	na.	υ.	S.A.	WIDOWE		PRINCE G	EORGE:	S		,
10 CITY OR TO	WN OF DEATH		OF HOSPITAL, NUI		R OTHER INSTITUTION	12a USUAL OCCUP		12b.	KINDO	F BUSINESS C
CHEVER	LY		E GEORGES		L HOSPITAL	Housev	rife	S LIFE) I IIAL	HO	me
USUAL RESIDE	NCE (IF NURSING	HOME OR OTHER INSTITU	TION, GIVE RESIDENCE B	EFORE ADMISSION)	13d INSIDE CITY LIMITS?	113. STREET ADDRES	35			
13a STATE Mary	land	P.G.	Hyat	tsville	YES NO	5112 541	h Ave	•		
14 FATHER'S		MIDDLE	LAST.		15 MOTHER'S MAIDEN N			Maria Co	LAS	
	James	T. For	rbes		Lydia	A. Marsha	11		LAS	
160 WAS DECE	ASED EVER IN	U.S. ARMED FORCE			17 INFORMANT	1000	RE111	son S	squa:	re
MO		TEO, OTTE THAT ON DATE.	579 7	0 6764	John Fort	es I	alls	Churc	h Va	a. 220
18 CAU	E OF DEATH	Enter only one couse	per line for a b	and c					APPROXI	MATE INTERVAL
PART	I. DEATH WAS	Enter only one couse CAUSED BY. MEDIATE CAUSE to	CARDIORES	PIRATOR	Y ARREST					
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248	6-	DUE TO	O, OR AS A CONSE	OUENCE OF						
Conditi	ons, if ony, w	hich (SEPTIC S	SHOCK						
gove	ise to immed	liote	,,							
	(o), stoting	the DUE TO	O. OR AS A CONSE	QUENCE OF						
underly	ing couse	DUE TO, OR AS A CONSEQUENCE OF PREUMONIA								
PART 2	OTHER SIGNIE			TO DEATH BUT	NOT RELATED TO THE TER	AINAL DISEASE OF CO	OND ITION C	SIVENI IN S	DART 1	
		ien i contanton	0,0000000000000000000000000000000000000	TO DENTIL	TOT RECALLS TO THE TERM	WINAL DISEASE OR CO	5140111014	214 [14 114 1	AKI IIC	
CERTIFICATION 210 PAGE 210. ACC	OF OPERATIO	N 196. CO	NDITION FOR WH	ICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF Y	ES, WERE	FINDIN	IGS USED
윤							IN CER	TIFYING C		OF DEATH?
E L						YES NO	-	YES 🗌		NO 🗆
21a. ACCI	DENT WAS UNDERL		AE OF INJURY	DAY VEAD	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF I	NJURY IN ITEM 1	8, PART I OR	PART 2)	
OR CONT	BUTING CAU	OL OI DEAIN	A.M. MONTH							
	NOTIFY MEDICAL E		P.M.	19						
21d INJU	RY OCCURRED		CE OF INJURY E, STREET, FACTORY, OFF	ICE EADA ETC)	211 LOCATION STREET	CITY OR	TOWN	cou	NTY	STATE
AT WORK	NOT WHILE		e, sikeei, racioki, orr	ice, FARM, ETC.)		-		000		STATE
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		is hospital) attended	//	9-12-		A , to	- 6	. 19	7 . 1	that (I) (we) I
sow	the decrased	olive on	70	9/7, on	d that in (my) (our) opinion	deoth occurred on the	dote and h	our and fi	om the	couses stated
22b. SIG	e, (I) (yearlaid	(did not) view the b	ody ofter death.	/					1	
220. 3161	RE	11	1.		DEGREE		1.5 33	77	C. DATE	SIGNED
/	11818L	ENG	and	Zes	ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF	100	1/-	7/79
224 PHV	SICIAN'S NAM	E JEWES OR DOWNER		1	22e ADDRESS	DIRECTOR FITT	SICIAIN EST		1-1	1/
220. 1111.	i .a	L (TIPE OR PRINT)		1	THE AUDRESS	,			1	/ /
17/	DMAS	6. 1	ZAINE	/	PG G	H.+MC				
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23a. BURIAL, CI	EMATION, REA				METERY OR CREMATORY	23d. LOCATION	a D	COUNTY		STATE
	mr.Terr	Jan	1.9,1979	Cedar	Hill Cemt.	Suitlan	a P.	J. N.	ary.	Land
24 FUNERALD	IRECTOR				25a. DA	TE REC'D. BY REGISTR	AR 25b. REG	ISTRAR'S	SIGNATI	URE.
			ADDRESS		1	MIN II 1973	1 100	A 100 -10	1900	COLUMN TO SERVICE STATE OF THE PERSON AND ADDRESS OF THE PERSON AND AD
NAMEW	.W. Cha	mbers Co.	Riverda	le Md.	V	111 TT 1616				

DHMH - 16 60M 1/75 (VR A 15 (4))

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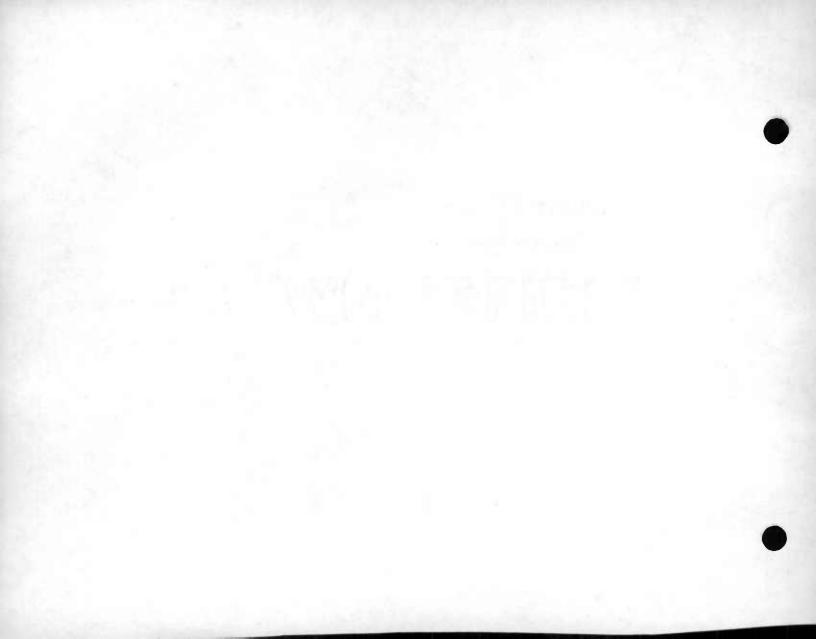
NAME: Willard Wayne Beavers

DATE OF DEATH: January 30, 1979

PLACE OF DEATH: Prince George's Couty

SEE: #79-04869

February, 1979
Prince George's County



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FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02248

		REGISTRAR			CERTIFICATE OF PEATIT				REG. NO.				
		CEASED NAME OR PRINT)	FIRST	,	MIDDLE	L	AST	20.	DATE OF DEATH	HTMON	DAY YEAR	2b. HOUR	
75	(1177)	OK PRINT)	AMY	E		BELTO				01-30	7-79	11PM M	
	3. SEX	X		4 RACE		5. DATE C		6. /	AGE (IN YEARS LAST BIRTH	(DAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
		Female		Nergo		Oct	. 17 ^{AY} 1891 ^{EAR}		87	YRS.	MONTHS DAYS	HOURS MIN.	
		RTHPLACE (STATE OR FO	OREIGN		WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 6	BALTIMORE CITY O	COUNT	OF DEATH		
		uth Caroli			S.A.	WIDOWED DIVORCED						MD.	
my it		TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN THE FACILITY, GIVE STREET		ROTHER INSTITUTION 120. USUAL OCCUPATION 120. KIND OF BUSINESS OF TYPE CREEKING LIFE) INDUSTRY					OF BUSINESS OR	
17		HEVERLY		PRINCE GEORGE'S HOSPITAL			ITAL	TAL.					
36	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 131 COUNTY 132 STATE 134 INSIDE CT YES					13d. INSIDE CITY LIMITS?	13e	3505-43rd. Ave. Bremtwood Md.					
	14 FA	THER'S NAME					15 MOTHER'S MAIDEN N			10.0		BUILD CHE	
40	James Belton Belton Firs Julia						а	WIDDLE		ington'	ST		
	160 V	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE				
		No			unavailable Grace Taylor/sister-3505-43rd.						d. Ave	2	
, 110		18 CAUSE OF DEAT	H (Enter on	ly one couse per	line for to Onge	stive	Heart Fallu	ure		MATERIA .	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH	
		PART I. DEATH W	NO CHOOL	D BY: E CAUSE (a)	(mes	me	HEart 7	tar	lune				
		2500		DUF TO O	RASACONSEO	sclero	osi's Heart Di	isea	ase				
		Conditions, if any	, which	(b)_	Choren	sele.	whe Star	~	Dreson	_			
	14	gove rise to improve couse (0), status		DUE TO. O	RAS A GONSELO	betes	Mellitus						
		underlying couse		((c)	Neob	Mes	Millita	-					
	7	PART 2. OTHER FORMANT REMAINING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101								a)			
	ē	5 5	a	um	e Als	Mend farling			(
	CERTIFICATION	190. DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	NAS PERFORMED	33	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
- Jan	RTIF								YES NO		S 🗆	NO 🗆	
	_	210. ACCIDENT WAS UN	_	21b. TIME O HOUR A.	OF INJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCU	URRED	(ENTER NATURE OF INJUR	Y IN ITEM 18, I	PART 1 OR PART 2]		
	ICAL	(IF EITHER, NOTIFY MEDIC		P.,	м.	19						No.	
5	MEDI	21d, INJURY OCCUR		21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.]	211 LOCATION STREET		CITY OR TOW	N	COUNTY	STATE	
		AT WORK AT WO	ORK -						/2				
5		22a I certify that		PIVA	e deceosed from	25 /3	. 19_7	1	, to			that (we) lost	
7 11		sow the deceos obove, (1) (we) (did) (did no	t) Niew the body	ofter death.		nd that in (my) (our) opinio	on deor	th occurred on the do	ite and not			
	30	22b. SHONATURE			~	DEGREE ATTENDING		MÉDICAL STAF	F	22c. DATE	SIGNED		
			1	un		1	PHYSICIAN	0	IRECTOR PHYSIC	IAN 🗆		-30-79	
		22d. PHYSICIAN'S N.					22e ADDRESS						
2			t Rud				Prince Geo						
3.5	23a. E	BURIAL, CREMATION,	REMOVAL		The second second second		EMETERY OR CREMATORY	Y	23d LOCATION CITY OF TOWN	•	COUNTY	STATE	
Burial Feb. 4, 1979 Mt. Olivet								Longtown, South Carolina					

DHMH - 16 50M 7/77 (VR A 15 (4))

De retained by the haspital

O TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 twith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

OR ATTENDING PHYSICIAN: The law e haspital or offending physician.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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Anglet French State - 11 June 120, 120 June 120 June 120, 120 June 120, 120 June 120, 120 June 120, 120 June 120 June 120, 120 J

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2e. DATE KNOWN 2b. HOUR OF ESTI-DEATH MATED DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS. DATE MONTH LAST BIRTHDAY) PRONOUNCED DEAD 76. BIRTHPLACE (STATE OR COUNTR 9. BATIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 28 0V466 WIDOWED DIVORCED AGE S ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! VITAL RECORDS. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION SHOULD 13c CITY OR TOWN . 13d. INSIDE CITY LIMITS? 13e, STREET ADDRESS 20 YES 🗶 NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE AND OF VIT FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 17. INFORMANT DIVISION PAGES (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PERMIT. A ITEM 18 PART I DEATH WAS CAUSED BY: OR REMOVAL. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND CREMATION, MEDICAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) SED AS A CERTIFICATION USED 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL, YES 🔲 NO 86 PRIOR TO BURIA 21a, EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL 0 CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 211, LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE PAGE STATE 21201 AT WORK AT WORK EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORV
TO FUNERAL DIRECTOR: PARTER DEATH, WITH THE ST 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinian Inquiry death resulted from: Natural causes Hamicide Undetermined manner TITLE SPECIFY SIGNATURE MEDICAL EXAMINER TIMORE, EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 0 043 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN 250. DATÉ REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5)) HILL Rd. OXUN 30M 7/73

Lee Funeral Home, Clinton, Maryland

(VR A 15 (4))

. DECEASED NAME LAST 20 DATE OF DEATH MONTH Bonner Mary Jane 26. Jan. 3 SEX 4 RACE 5 DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) MONTH DAY YEAR Female 22 1897 White Jan In BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Wash., D.C. WIDOWEDE Prince George's DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) 3000 WEST CAVENTE Suitland PRESTON ST., BALTIMORE, MARYLAND 2120 Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b./COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Md Suitland NO 3000 West Avenue 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE William Mockabee Estelle 166 SOCIAL SECURITY NO. Saffie as Above 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 365 18 4028 M. Kathryn Boyce, Daughter, No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. 201 PART 2. OTHER SIGNIECANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, CERTIFICATION 0 I ON DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED pri IN CERTIFYING CAUSES OF DEATH? NO YES T the burial-transit pand Mental Hygier 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E LOCATION 21d INJURY OCCURRED THE PLACE OF INJURY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE 22a.1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF ld be deta the State DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 4400 STamp Road, Marlow Heights, Md. Dr. Daniel Howell 23d LOCATION 230 BURIAL CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23b. DATE Suitland, BP. P.G., Maryland Buria Cedar Hill Cem 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

Robt E Wilhelmporess 4308 Suitland

Home Rd., Suitland, Md

STATE

DHMH - 16 50M 7/77 (VRA 15(4))

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-02253

1979

IF UNDER 1 YEAR

DAYS

INDUSTRY

Carroll

COUNTY

COUNTY

22c. DATE SIGNED

AM M

IF UNDER 24 HR

HOURS

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

REG. NO

requires that the death certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02254

		REGISTRAR		200		CERTIF	ICATE OF D	EATH	REC	3 - U (220	•		
		CEASED NAME	FIRST	٨	WIDDLE		LAST		20 DATE OF DEAT		DAY	YEAR	2b HO	JR
	(1772	OK PRINTI	JAMES		W	В	OOZE			1	13	79	6:3	30PM
	3. SEX	(4 RACE		5 DATE C		VEAG	6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDE	R 1 YEAR	IF UNDER	R 24 HRS
		M			В	1 10 T	- 19 -	· 16	68	YRS		DATS	HOURS	MIN.
	70 BI	RTHPLACE (STATE	OR FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER M	ARRIED 🔀	9 BALTIMORE CIT	Y OR COUN	TY OF DE	ATH		
0		Md.			5.A.	WIDOW	ED DIV	ORCED [PRINCE		RGE'	s cc	NUC	TY MD.
4		CHEVERLY 11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES' PRINCE GEOF					ING HOME OR OTHER INSTITUTION IT ADDRESS) GE'S GEN HOSPITAL RELITED					12b. KIND OF BUSINESS OR INDUSTRY. Sanitation		
6	→Sa. S	Md.	13b COUN P. G	TY	130. CITY OR TOW BOWIE		13d. INSIDE CI	NO 🗌		SS Box 2	286			
2/	14. FA	James	ř.	NIDDLE	Booze		15. MOTHER'S		AE MIDD	LE	Th	omâ	S	
	16a W	AS DECEASED E	VER IN U.S. ARA	MED FORCES?	212-14-		17 INFORMAT		-305 V	DRESS	Tr _	Mac	h	D C
		res	_WW	LL	212-14	-0010	rary	DI.OMII	- 505 V	30.,10		APPROXIM		D. C
	フ	Conditions, if gave rise to cause (a), s underlying co	any, which immediate tating the	(b)	BILAT R AS A CONSEQUE R AS A CONSEQUE	ENCE OF	ESS FOR		HIAL PNEU	MIA				
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA						TO THE TERMI	NAL DISEASE OR C	ONDITION (GIVEN IN I	PART 1(a		
7	CERTIFICATION	19a. DATE OF OP	ERATION	196 CONDI	ITION FOR WHICH OPERATION WAS PERFORMED			MED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF DI YES NO YES NO					TH?
1		21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEAT	21b. TIME O HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJ	URY OCCURR	ED (ENTER NATURE OF	I METI NI YRULNI	8, PART I OR	PART 2)		
	MEDICAL	21d. INJURY OCC	OT WHILE	21e PLACE		FARM, ETC.)	21f LOCATIO STREET	И	City O	RTOWN	cou	INTY	S	TATE
		22a.1 certify that (1) (the hocastal) attended the deceased from 1973, 19, to 13, 19 saw the deceased alive an 1979, and that in (my) (pri) apinion death occurred on the date and hour above, (1) (pri) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN										e .	auses st	
1.		22d PHYSICIAN	C C R	PRINT) - 215 TOFO	ri m	D	22e. ADDRESS		iperior	1	207	15	1	
	23a. B	URIAL, CREMATI		23b. DATE			EMETERY OR C		23d. LOCATION CITY OR TOWN		COUNTY		.\$1	ATE
4	24 E1	Burla.		1-18-	79 M	aryla	and Na	t 1.Ce	REGD. BY REGIST	Kirk,	Md.		IDE	
K	14 1	NAME NAME	K and and A .	5. 10	4925 B	110 800	N	ZAM"	19 1979	TAR 230. REG	JIRAK S	Cha	JKE	
	14.	J. VY ASH	INCTON +	BONZ ,	7123 10	URREQ	16 MZ 14 ME.	1.6				- //		

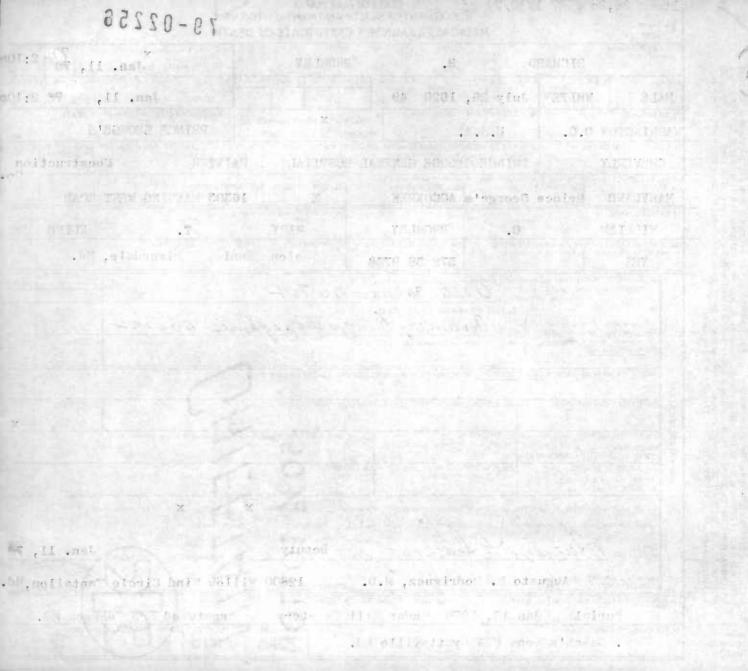
DHMH - 16 60M 1/75 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral directions and the burial-transit permit. Then please remove corbanpopers. Pages I and 2 shauld be filled within 72 hauwith the State Dept. af Health and Mental Hygiene prior to burial, cremation, ar removal.

MADRIANT: If Item 21 is marked or frem 18 shows any injury, or ather traumatic event, the medical examin

48			MARYLAN	D STATE DEPA	RTMENT OF HEAD	TH	
			DIVISION OF VITAL RECORDS,	CERTIFICATE	N STREET, BALTIMO	RE, MARYLAND 212012	255
199	1. D	ECEASED-NAMO / First	Middle	Los		. DATE OF DEATH	2b. HOUR
	(1	Type or print) EATKI'CE	er J.	Bond	4	JAN. Month 19 Doy	
	3. SE	X	4. RACE		OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
	7-	Female	White		y 12, 1902	/6 YRS.	
1		ntry)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVI	DIVORCED .	UNTY OF DEATH	
0	10. (TPLINOIS ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITITION (if not in has	pital 12a, USUAL OC	CUPATION (Kind of work done	12b. KIND OF BUSINESS OR
0		Ada Riala i	give street address)	- Adelph	i during most of	warking life, even if retired.)	INDUSTRY Retired
1	13o.		d lived, if institution: Residence before	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	
)		Marykana	Montgomery	Wheaton	YES X NO	11607 Channi	ng Drive
1	14. [FATHER'S NAME First	Middle Last		ER'S MAIDEN NAME First	Middle	Last
N	160	Hirs ch WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b. SOCIAL SECURITY		Bryina	Address	Rabinowitz
2			or dates of service) 469-01-19		on H. Boross		3)
		1B. CAUSE OF DEATH (Enter only			4	1 Sune as 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED	BY: E CAUSE (a)	- degun	Meny Kho	vert	OCTATED ORDER AND DEATH
		4392	DUE TO, OR AS CONSEQUENCE OF	1. 1.0	1	1	1
		Conditions, if any, which gave rise to immediate cause (a),	(b) Hotenio	Jerem Mc	Chrolian	ranku pisak	ferra
		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF				0
			OITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TE	RMINAL DISEASE OR CONDIT	ION GIVEN IN PART 1(a)	
	z	SAPSIS					
	CERTIFICATION	190. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PE		. AUTOPSY?	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
	ERTIF	21a. ACCIDENT WAS UNDERLYING	716 TIME OF INHIBY		ES NO		
		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year		KY ULLURRED (Enter notu	re af injury in Port 1 or Part 2, I	tem 18.)
	MEDICAL	(If either, natify medical examine 21d. INJURY OCCURRED 21e. P	P.M. 1 PLACE OF INJURY (AT HOME, FARM, STREET, FAIR OFFICE BUILDING, ETC.		Street ar R.F.D. No.	City or Town	Caunty State
		While Nat while at wark at wark	v e		1 10	1	
		22a. I certify that (1) (this	haspital) attended the decease	ed from Le Ca	19)	, to James 9, 19.	, tha (1) (we) las
			(I) we (did) (did not) view the		in (my) (our) opinion	death accurred on the do	te ond hour and fram th
		22b. SIGNA FORE)	TENDING MED.	22c. [ATE SIGNED
		18 Emm	Jerupin, m	DEGREE PI	IYS. DIRECTO	OR PHYS.	tin. 19,1979
		22d. PHYSICIAN'S NAME (Type)	AMIN AVALUNIA	1 u 0. 22	3 720 Far	waget Kole	ton MJ. 20191
	23a.	BURIAL, CREMATION, 23b. DA		CEMETERY OR CREMAT	ORY 23d	LOCATION (City or Town)	(Caunty) (State)
		BURTAL 1/	24/1979 Moun	t Lebanon		Hyattsville. F	P. G. Md.
	24.1	JUNAL CUSTON. STEIN	HEBREW MEMORTAPESS	EUNERAL HO	ME 2Sa. REC'D BY REG	ISTRAR 25b. REGISTRAR'S	
	1 2	132 Carroll Str	eet, Min - Washing	tain D C	DATEAN 26	1979 Tinkney	Ma Creather

X	*		FOR STATE REGISTRAR	2c g52/	1/30/79 g	DEPARTMENT OF	HEALTH	AND MENTAL HERTIFICATE C	YGIENE 7	9 - 0	2258		
1	4 81 85 FJ		CEASED NAMI	RICHA	RD	MIDDLE		ROMLEY		E KNOWN	Jan.	DAY 17/9	2:10
	RY PLE DIRECTO OUR FILE 72 HOU ON STREI		ALE	4. RACE WHITE	5. DATE OF BIRTH MONTH DAY July 26,			DER 1 YR. IF UNDER	24 HRS. 2c. DA		Jan. 1	DAY 79AR	2d. HOUR 2:10
	NECESSARY PI FUNERAL DIREC 5 FOR YOUR 9, WITHIN 72 H W. PRESTON ST	WA	IRTHPLACE (5) PREIGN COUNTRY) SHINGTO	N D.C.	76. CITIZEN OF WH	١.	WIDOW		ED I	PRINCE	Y OR COUNT	E'S	MD.
	PELAY IS TO THE U PAGE BE FILED		CHEVERL	Y	PRINCE G	PITAL, NURSING HOM	RAL H		PAINTE	CUPATION YORKING LIFE)		OR INDUSTR' Construc	tion
21201	F ANY D AND 3 RETAIN HOULD RECORE	13a. S M.	ARYLAND	Prince		RESIDENCE BEFORE ADMISS 136. CITY OR TOWN ACCOKEEK		13d. INSIDE CITY LIMITS? YES X NO	13e. STREET ADD		NG WEST	r ROAD	Co
WD.	S 1, S 1, UD 2		WILLIA	M	MIDDLE O.	BROMLEY		15. MOTHER'S MAIDE FIRST MARY	N NAME	MIDDLE T.		KLINE	
BALTIMORE,	URS AFTER DE B. GIVE PAGE WITH FORM PAGES 1 AN DIVISION OF	16a. \	YES		WAR OR DATES)	166. SOCIAL SECURIT		17. INFORMANT Helen	Ennis	ADDR	erdale	, Md.	
ORDS, 301 W. PRESTON ST.,	DUID BE EXECUTED WITHIN 24 HOURS SENDING" IN PENCIL IN 1TEM 18. ILE MEDICAL EXAMINER ALONG N SISED AS A BUBIALTRANSIT PERMIT. F HEALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL.	Z	PART I DE / 5 5 Canditiar gave ris cause (a) lying cau	IMMEDIA: IMMEDIA: Is, if any, which e ta immediate stating the <u>under-</u> se last.	DUE TO, OR A	AS A CONSEQUENCE AS A CONSEQUENCE UT NOT RELATED TO THE TEN	9 mg	or condition given in pai	Phanes.	abu	ure-	BETWEEN ONSET	AND DEATH
DIVISION OF VITAL RECORDS, 301	TIFICATE SHO 3 THE WORD TO THE CH HOULD BE U ARTMENT OF	MEDICAL CERTIFICATION	UNDERLYING	L CAUSE WAS OR NG CAUSE OF D	21b. TIME OF HOUR A.M. DEATH P.M.	INJURY MONTH DAY YEA I P	21c. HC	AS PERFORMED? W INJURY OCCURRE	D (ENTER NATURE OF	INJURY IN TIEA	A 18 PART I OR PAR	20. AUTOPSY? YES T2)	№ 🗆
13	TO MEDICAL EXAMINER: THIS PAGE 4 SHOULD BE FORWARR TO FUNERAL DIRECTOR: PAGE A FIER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201	23a. B	WHILE AT WORK 220. I certif death resulte ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRIN URIAL, CREMA' SPECIFY) BU UNERAL DIRECT	y that I taak charged fram: Natural Na	ie of the remains described to the remains des	ribed abave, held an Accidem X, Si odriguez, M	Autops Autops M. Do Hill	y Inspection Hamicide TITLE (SPECIFY) Deputy ADDRESS 12800 R CREMATORY Cemetery	MEDICAL EX Willow 23d LOCATION CITY OR TOWN Bren REC'D. BY REGIST	manner AMINER Wind twood	Pro Ge	Jan. 1: Tantalle	on Md
	(VR A15 ME (5)) 15M 7/77			unsen s	Souls L W	yattsvill	e Mu.	JA	N 10 131	9 '			



Mi.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02257

		REGISTRAR					TE OF DEATH		REC	5. NO		
		CEASED NAME	FIRST	WIDOLE		LAST		20	DATE OF DEAT	H MONTH	DAY YEAR	2b. HOUR
			EARL	В			OOKS				-5-79	3:25 PM
	3 SEX	X	4	RACE	5	. DATE OF BII	OAY YEAR		AGE (IN YEARS LAS	T BIRTHOAY)	MONTHS DAYS	
		M		B		4-11-	1886		92	YRS		
		RTHPLACE (STATE OR FO	DREIGN 71	CITIZEN OF WHAT	OUNTRY? 8.	AA A PRIED	NEVER MARRIED	9	BALTIMORE CIT	Y OR COUN	TY OF DEATH	
31		MD.		U.S.A.	V	VIDOWED X	DIVORCED					COUNTYMD
~ .1	10 CI	TY OR TOWN OF DEA	ATH 1	 NAME OF HOSPITA (IF NOT IN SUCH FACILITY 			THER INSTITUTION		a USUAL OCCU YPE OF WORK FOR MI			OF BUSINESS OR
14	(CHEVERLY			GEORG		OSPITAL		NONE			UE
35	13a. S	AL RESIDENCE (IF NURS	136 COUNT P. C	Y 13c. CIT	DENCE BEFORE AD Y OR TOWN	113d	INSIDE CITY LIMI		STREET ADDRE	QUINC	/ S7.	FT
	14 FA	ATHER'S NAME		ODLE	LAST	15 /	MOTHER'S MAIDE	ENNAME				
114	1	HENRY	MI	BROOK			20	RINE	WIDD	lt.	Ross	AST
	160 V	VAS DECEASED EVER		ED FORCES? 166 SO	CIAL SECURIT	Y NO 17	INFORMANT		ΑÏ	DDRESS	1000	
	()	(ES, NO OR UNKNOWN)	(IF YES, GIVE V		-12-26	63 H	ELEN BE	ROOKS	. SAME	AS A	13 AB	ove
		18 CAUSE OF DEAT	H (Enter only	one couse per line for								XIMATE INTERVAL
	-0	PART I. DEATH W	AS CAUSED	BY: Da	pirat		frest					
		17991	MANACOIATE		CONCEOUEN	55.05						
		Conditions, if any,	which	DUE TO, OR AS A C	ONSEQUEN	LE OF						
		gove rise to imr	nediote	(b)		1.00						
		couse (a), statin		DUE TO, OR AS A C	ONSEQUEN	CEOF						
		DART 2 OTHER CICK	USIC ANT CO	ONDITIONS CONTRIBU	ITINIC TO DE	ATH BUT NOT	BELATED TO THE	E TEDANINI	DISEASE OR	CNIDITION	IVENTINI DADT 1	1/->
	Z	Patri 2. OTHER SIGI	also	1	S:4 -	1 504		emal		ONDITIONO	FIVEN IN PART I	101
-	ATIC	19a DATE OF OPERA		had a	OR WHICH OF				20a AUTOPSY?	20b. IF Y	ES, WERE FIND	INGS USED
9	CERTIFICATION								YES NO[IN CER	TIFYING CAUSE	
0	GE	210. ACCIDENT WAS UN	DERLYING	216. TIME OF INJUR			HOW INJURY O	CCURRED	(ENTER NATURE OF	INJURY IN ITEM 1	8, PART 1 OR PART 2)	
7		OR CONTRIBUTING		HOUR A.M. MC	DAY DAY	YEAR						
	MEDICAL	21d. INJURY OCCUR		21e. PLACE OF INJU		211	LOCATION					
	¥	WHILE NOT W	HILE	(AT HOME, STREET, FACTO	ORY, OFFICE, FARA	A, ETC.)	STREET		CITY O	RTOWN	COUNTY	STATE
				I) ottended the deceo	sed from	Janua	Fy 4 10 7	19	to Jank	LANY 4	19 19	, that (I) (we) last
2		sow the decease	ed olive on	January 4	19 19	100000000000000000000000000000000000000	of in (my) (our) op	pinion deo	th occurred on the	ne date and h	our and from th	
	100	22b. SIGNATURE	did) (did not)	view the body ofter de	oth.	DEG	REE				22c. DAT	E SIGNED
		E.an	me S	sitzer	M.D		ATTENDI	ING /	MEDICAL DIRECTOR PH	STAFF YSICIAN X	1-6	-19
		22d. PHYSICIAN'S N.	AME (TYPE OR	RINT)	-	220	ADDRESS			7		
1		F. A	NNE	Spitzer		P.	ringe G	conse	's Gew.	Hosp.		
2	236 E	SURIAL CREMATION,	REMOVAL	23b. DATE			TERY OR CREMAT	TORY	23d. LOCATION	/	COUNTY	A STATE
				1-10-1979	HAR	HONY !	MEH. CE	HI	HIGHE		ARK, 1	MD.
	24. FU	UNERAL DIRECTOR			ADDRESS			DATE RE	C'D. BY REGIST	RAR 25b. REG	ISTRAR'S SIGNA	TURE
	4.	S-INASHINGTO	N+De	WS 4925 1.	SURROL	ichs Ai	K. N.E.	יוחע	TT IOI O		/	

DHMH - 16 60M 1/75 (VR A 15 (4))

BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

PHYSICIAN: The

TO HOSPITAL OR ATTENDING retained by the hospital or att TO FUNERAL DIRECTOR: After

FOR - STATE

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1337		CEASED NAME E OR PRINT)	FIRST		WIDDLE		LAST		OF ESTI	-A		26. Н
URS FIT,	0.05		George RACE S. I				rown, Ji		DEATH MATE	1	24 - 19 79	
	3. SE		N 1 1	DATE OF BIRTH		YRS. IF UN			RONOUNCED DEAD	MONTH		2d. F 12
S FOR OUT	7a. B	RTHPLACE (STATE		CITIZEN OF WHA	AT COUNTRY?	8. MARRI	ED NEVER M	ARRIED 🔀	BALTIMORE C	_		
S FO	N	CAROL		CI.S		WIDOW		ORCED -			's County	
AGE 301	C	neverly	/	Prince	ITAL, NURSING HOLLITY, GIVE STREET ADDRE	Gener	al Hospi	Ital	ALOCCUPATION OST OF WORKING LIFE NONE	N (TYPE OF WORK	12b. KIND OF BUSI OR INDUSTRY	Υ
WITH FORM PM 3. RETAIN PAGE 5 PAGES 1 AND 2 SHOULD BE FILED. DIVISION OF VITAI RECORDS, 301 W.	USU/ 13a. S	TATE	N NURSING MOME OR OTHER	HER INSTITUTION, GIVE	13c. CITY OR TOW	AISSION)	13d. Inside (ITY LIM Yes 🛣 No		ET ADDRESS	PL S.F	WASH.	
AL AL	14. F	THER'S NAME					15. MOTHER'S M			171 314		120
AND SEVIE		& ECRG-E		DDLE	BROWA	I SP.	NANA	IIE	MAE		INKNOW	N
N ORW	16a. \		VER IN U.S. ARMED		16b. SOCIAL SECU		17. INFORMANT			DRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
TH F		NO	N/F	1	240-64-	0732	HENRY .	SMITH /	1000 SAV	ANNAH S	t. #104,5	E,
		18. CAUSE OF D	EATH (Enter only on	ne cause per line fo	ar (a), (b), and (c).			- 1			APPROXIMATE IN	INTERV
R ALONG SIT PERMI HYGIENE,		PARTIDEATI	H WAS CAUSED BY		determin	ed	12				DETWEET ONSET	AI 10 0
AL.		799	9	DUE TO, OR A	S A CONSEQUEN	CE OF	62 1					- 6
MINER / MINER / TRANSIT NTAL HY EMOVA			if any, which ta immediate	(b)								
N PENCIL IN EXAMINER A RIAL-TRANSIT MENTAL HYO OR REMOVAL		cause (a) sta	ating the <u>under-</u>	(, , , , , , , , , , , , , , , , , , ,	S A CONSEQUEN	CE OF						
URIAL URIAL VO ME		lying cause l	lost.	(c).								
OF PO	Z	PART 2 OTHER SIGNIF	ICANT CONDITIONS CONT	RIBUTING TO OFATH BU	T NOT RELATED TO THE	TERMINAL DISEASE	OR CONDITION GIVEN	IN PART E (a).				
HIEF MEDIN USED AS A DF HEALTH L, CREMATI	MEDICAL CERTIFICATION	19a. DATE OF OP	PERATION	19b CONDITIO	ON FOR WHICH O	PERATION W	AS PERFORMED?				20. AUTOPSY?	
유민교육	E										YES 🔽	NO
TO THE CHI HOULD BE US ARTMENT OF R TO BURIAL,	1 🖺	21a. EXTERNAL C	AUSE WAS	216. TIME OF I		21c. HC	W INJURY OCC	URRED (ENTER N	ATURE OF INJURY IN IT	TEM 18 PART 1 OR PAI		140
2500	AF.	UNDERLYING	OR CAUSE OF DEAT		MONTH DAY Y	'EAR						
DED TOPPA	Se	21d. INJURY OCC		21e. PLACE OF	INJURY (ATHOM	E, 21f. LO	CATION					_
WKIIII VARDE AGE 3 ATE DI 201 PR	W	WHILE AT WORK	T WORK	STREET, FACTOR	RY, FARM, ETC.)	S	TREET		CITY OR TOWN	COL	UNTY	S1
ORV ORV PR: P E ST 7, 21:		22a. I certify th	hat I taak charge of	the remains descr	ibed abave, held a	in Autap	y X, Insp	ection .	Inquiry .	and in my ap	inian	
A THE	1	death resulted f	fram: Naturalic	uses ,	ccident .	Suicide	. Homicide		rmined manner	X,		
CERTI DIREC WITH ARYL		1.3	1	MINA	506		TITLE (SPECIF			_		
A THY		ACTUAL SIGNATURE		1100	XX	M	,	/	CAL EXAMINER	DATE	1/23/79	9
SEAT SEAT									CAL EXPANSIONER	310112		
W - 700 /		EXAMINER'S NA	ME Anr	n M. Dixo	on, M.D.		ADDRESS 1	.11 Penr	St.	Balto.,	MD.	
ER DING		(TYPE OR PRINT)										
EXECUTE THE CERTIFICATE, WRITING: TOGE 4 SHOULD BE FORWARDED TA TO FUNERAL DIRECTOR: PAGE 3 SHER DEATH, WITH THE STATE DEPAIR BALTIMORE, MARYLAND, 21201 PRIOR	23a.B		N.REMOVAL 23b. C		23c. NAME OF			23d. LO	CATION	COUN		

NAME: Joseph A. Brown

DATE OF DEATH: January 29, 1979

PLACE OF DEATH: Prince George's County SEE: 79-04876

February, 1979

Prince George's County



2/		1	FOR	0.00 + 0.00	STATE OF MARYLAND	0.00	250
		1	- STATE REGISTRAR	DEPAK	TMENT OF HEALTH AND MENTAL HY	GIENE 79-02	233
			CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	nay be page 3 sr death		LOUISE	M	BROWN	01	28 79 9:15 M
		3. SI	E-ulal-	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	rec		I KIMAIE	NEGRO	MARCH 15, 1895	85 YRS	
	h. P. 2 holding		IRTHPLACE (STATE OR FOREIGN COUNTRY)	The CITIZEN OF WHAT COUNTRY	19 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
	death.	15	OUTH CAROLINA	U.S.H	WIDOWED DIVORCED	PRINCE GEORGE'S	
	s after notified will		ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STRE		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE) 126. KIND OF BUSINESS OR INDUSTRY
1201	onrs on the file		CHEVERLY AL RESIDENCE (IF NURSING HOME OR I		S GENERAL HOSPITAL		
LAND 2	filled ould b	130.	OR VIAND Prince	George DISTRIC	WN 134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	ER Mill Rope
₹¥1.	tely 2 sh	14. F	ATHER'S NAME	AIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	1/ LAST
X A	and and and		Um-pro	w.	NANCY	MIDDLE	YOUNG
ORE,	e execu		WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b. SOCIAL SEG	CURITY NO. 17. INFORMANT	6806 WAILK	ER MIN ROAD
W			NO -	- X47-12	4633 JAMES BROW	N DISTRICT A	EIGHTS, MD.
BAI	ificate b physicia npapers maval.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), (b)	2	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.	e e e		IMMEDIATE	E CAUSE (a) (Sael	ind versular our	cetens	
PRESTON	death c attendir ave carl ation, ar	1	736-	DUE TO, OR AS A CONSEQ	a district and a second a second and a second a second and a second an		
PRES	e deat mave nation, traum		Canditions, if any, which gove rise to immediate	(b) they	eliteran		
3	hat the death of by the attendin ase remove carb I, cremation, arr ather traumatic		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO	VENCE OF	eden	
201	p 9 9 5		PART 2. OTHER SIGNIFICANT C	(c)		MINAL DISEASE OR CONDITION C	EIVEN IN PART 1(o)
RECORDS,	equires in signe Then p r to bui	NO NO		Jochem	Bowel De	· · ·	
ECO	ow rec	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	'ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
AL R	IVSICIAN: The lo ding physician: is certificate has burial-transit per Mental Hygiene R An 18 shaws or fem 18 shaws or	E				YES NO	YES NO
DIVISION OF VITAL	ding physicio ding physicio s certificate I burial-transit Mental Hygie or frem 18 sha		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 1	3, PART 1 OR PART 2)
Ö	SICIAN: ng phys certifico urial-trai kental H)	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
Sio		MED	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f LOCATION STREET	CITY OR TOWN	COUNTY
≥			AT WORK AT WORK			1/3 6	36
			220.1 certify that (1) (this haspite saw the deceased alive on		2 9 and that in (few) (pur) aninian	death occurred on the date and h	, 19 7 9, tho (1) (we) lost
	OR ATTEN be haspital DIRECTOR sched for u Dept. of He		saw the deceased alive on above (1) (We) (did) (vid pot 22b. SIGNATURE	view the body after death.	DEGREE		22c. DATE SIGNED
				F. I.	ATTENIDING	MEDICAL STAFF	1/25/25
	- 9 11 9 55 4	1	22d. PHYSICIAN'S NAME (TYPE OR	RRINI	1/2e. ADDRESS	DIRECTOR PHYSICIAN	
	0 0 0 0 5 0 4 1		Rohest +	Ru doemai	Omb.		
	TO Find the should with 1	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF CEMETERY OR CREMATORY	236. LOCATION	
d	BP		BURIA!	1-30-79 1	URLORD JESUS CHRIS	T LRONSIDES	CHARLES MD.
	DHMH - 16 50M 7/77	24. F	UNERAL DIRECTOR LEON	THURN ICN ADDRESS	R. Raik-1-BOX 115 250. DA	EREOD. 1Y REGIS RAR 256. REC	JAYERS GOTH Weredy
	(VR A 15 (4))		THORNTON FUNERA	HE HOME PON	ONKEYIMID.		

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 boars ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.	IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medical examine, must be notified at once
1	D 15	¥ 42 3	₹.

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-02261

		ME G 10 / M IM					REG. NO.		
		FEMALE SIRTHPLACE (STATE OR FOREIGN COUNTRY) VEST VIRGINA TY OR TOWN OF DEATH EAT PLEASNAT JAL RESIDENCE (IF NURSING HOM STATE UNKNOWN WAS DECEASED EVER IN U.S. (YES, NOOR UNKNOWN) 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI [MMELE Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OR (IF EITHER, NOTIFY MEDICAL EXAMI 21d. INJURY OCCURRED WHILE AT WORK 21d. Certify that (I) (this as we the deceased alive cabove, (I) (we) (drift) (die 21b. IGNATURE) THE PHYSICIAN'S NAME (IY MELLEN D. GE	MIDDLE	-	AST	6-7/	2a. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	(1111)		FRANCE	ES B	URKS		1	24 79	12300
	3. SEX	The state of the s	4. RACE	5. DATE C			6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
]	FEMALE	BLACK	MONTH	11	1907	71 _{YR}	MONTHS DAYS	HOURS MIN
2	- 04	On to 1950and	Th CITIZEN OF WHAT CO	OUNTRY? 8	D NEVER A	AARRIED [9. BALTIMORE CITY OR COUN		
	W.	EST VIRGINA	USA	WIDOWE		ORCED	PRINCE GEORG	ES	MI
0			11. NAME OF HOSPITAL	CIVE CYBERY ADDRESS!	R OTHER INST	NOITUTI	120. USUAL OCCUPATION (TYPE OF WORKFORM ST. THE HOUSEW IF E		OF BUSINESS OR
E	13a. S			PRESENTE ADMISSION)	13d. INSIDE C	ITY LIMITS?	132 STREET APPRESSENUE		
last.	14 FA	FIRST	MIDDLE	LAST		UNKNOWN		LA	ST
1	16a. W	VAS DECEASED EVER IN U.S. A		IAL SECURITY NO.	17. INFORMA		ADDRESS		
1	(1	NO NO	232	46 6527	CHARLO'	TEE MEM	ÆFEE 417 71 AV	E., SEAT	PL. MD.
		PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CO	neliac puseoutince of y brat	ven a	RRest ul El	e chrolyte into	low 50	days
2	CERTIFICATION	Huper	CONDITIONS CONTRIBUTE 196. CONDITION FOI					GIVEN IN PART 10 YES, WERE FINDI RTIFYING CAUSES YES	NGS USED
9	MEDICAL CEI	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	CAIN		21f. LOCATION STREET		CITY OR TOWN	18, PART 1 OR PART 2] COUNTY	STATE
		22a.1 certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did	n del ottended the deceose	19. <u>14</u> , or	DEGREE	TTENDING	deoth occurred on the dote and MEDICAL STAFF DIRECTOR PHYSICIAN		that (1) (ma) lose couses stated E SIGNED
1		MELEN D. GER	ALD, MD.		22e. ADDRES	S	GE PALMER HWY.	GEENARDE	éň, MD.
	23a. B	BURTAL BURTAL	1-27-79	23c. NAME OF C		M	OAKHILL	FAYETTE	VIDCIA
	24. FU	UNERAL DIRECTOR VANN & WILLIA	AMS 4804 Geor	gia Ave.,	NW Wash	DOJAN	FREC'D. BY REGISTRAR 256. BSG	STRAR'S SIGNA	TURE

DHMH-16 50M 7/77 (VR A 15 (4))

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MIDDLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-02263

REG. NO

20 DATE OF DEATH 26. HOUR

5:20 AM 01 - 16 - 79

9. BALTIMORE CITY OR COUNTY OF DEATH

PRINCE GEORGE'S

126 KIND OF BUSINESS OR INDUSTRY

(TYPE OF WORK FOR MOST OF WORKING LIFE)

Mechanic

7358 Landover Road

17 INFORMANT 7358 Landover Road

APPROXIMATE INTERVAL

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

Landover, Maryland

COUNTY

STATE

DHMH - 16 60M 1/75

(VRA 15(4))

- STATE

TYPE OF PRINTS

REGISTRAR

DECEASED NAME

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Stewart Funeral Home-4001 Benning Road, NE.

Province of the contract of th					100			- II-U
			dent.					
			19-10-11					el serin
	Title -	10 .						
				T 70 E		T IN THE	Lastenal	

STATE OF MARYLAND

FOR

DHMH - 16 60M 1/75

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (a) ORONARY ARERY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF	26. HOUR 5.50F
Male Black 5 DATE OF BIRTH MONTH / 19 DATS Male Black 5 DATE OF BIRTH MONTH / 19 DATS To BIRTHPLACE (STATE OR FOREIGN COUNTY OF DATS) S.C. 10 SINTHPLACE (STATE OR FOREIGN COUNTY OF DATS) TO CITY OR TOWN OF DEATH CHEVERLY USA WIDOWED DOVORCED	5.508
Male Black 7/19/24 54 76 BIRTHPLACE (STATE OR FOREIGN SCOUNTY) S.C. USA WIDOWED DIVORCED PRINCE GEORGE'S COUNTY CHEVERLY PRINCE GEORGE'S COUNTY CHEVERLY PRINCE GEORGE'S GENERAL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE Maryland 14. FATHER'S NAME James Carmichael LAST 15 MOTHER'S MAIDEN NAME James TCarmichael 16 (WAS DECEASED EVER IN U.S. ARMED FORCES?) PART I. DEATH (IETHER ONLY ONE CAUSE DBY. IMMEDIATE CAUSE DBY. DUE TO, OR AS A CONSEQUENCE OF	
76 CITIZEN OF WHAT COUNTRY: 8 MARRIFD NEVER MARRIFD NE	IF UNDER 24
S.C. USA MARRIFD D NEVER MARRIFD D NORCED PRINCE GEORGE'S COUNT 10 CITY OR TOWN OF DEATH CHEVERLY 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IP NOT IN SUICH FACILITY, GIVE STREET ADDRESS) PRINCE GEORGE'S GENERAL HOSPITAL TILE Helper USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 138 STATE	
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22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS	1-1
230. BURIAL, CREMATION, REMOVAL) 236. DATE	
(SPECIFY) CITY OR TOWN COUNTY	MA
24. FUNERAL DIRECTOR BY REGISTRAR 256. BEGISTRAR 25	ADE A
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(VRA 15 (4))

STATE OF MARYLAND

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STATE OF MARYLAND 79-02267 DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 2a DATE OF DEATH 2b. HOUR (TYPE OR PRINT) EDNA 3 SEX AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH DAYS HOURS 94 12 **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED DIVORCED [120 USUAL OC 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CARE HOUSEWIFE SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION ould be 13a. STATE 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 2307 APACHE STA 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME C FIRST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 578-48-792 MARY C. BOTELER SAME AS DAUGHTE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY BETWEEN ONSETTAND DEATH IMMEDIATE CAUSE (a DUE TO, OR AS Conditions, if any, which gave rise to immediate cause (a), stating the othe underlying cause ā a PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUSINOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DIVISION OF VITAL RECORDS, CERTIFICATION 90 DATE OF OPERATION ONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? p IN CERTIFYING CAUSES OF DEATH? NO I sha NOI YES 210, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH utol MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 à 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE COUNTY STATE WHILE AT WORK AT WORK 22a. I certify that (1) (this hospital) attended the deceased from saw the deceased alive an. and that in (my) (or opinian death accurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE[\] 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL should be deto with the State DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) The ADDRESS 23a. BURIAL, CREMATION, REMOVA 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) STATE BURIAL 1/15/79 CEDAR HIL SUITLAND 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR FRANCIS J. COLLINS DHMH - 16 60M 7/73 intres Malreoles (VR A 15 (4)) 500 UNIV. BLVD. W. SILVER SPRING, MD. 20901

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02268

1 - STATE CERTIFICATE OF DEATH REGISTRAR LAST I. DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 7h. HOUR (TYPE OR PRINT) **EVELYN** CARTER 01-28-79 3:50 L. 4 RACE 5 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) MONTH HOURS Female Negro Jan 6, 1906 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED PRINCE GEORGE'S Va. USA WIDOWED 12b. KIND OF BUSINESS OR IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PRINCE GEORGE SO GENERAL HOSPITAL CHEVERLY Retired None USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13e STREET ADDRESS 13h COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Md. Landover 6908 Allison Street YES X NOF IA FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST James E. Lewis Nancy Moslev 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Ms. Bonnie Carter/daughter/same as 13e Unk. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per fine for (a), (b), and ARDIO- PULMONARY ARREST. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 CUTE MYOCARDIAL INFARCTION Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO 71m. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF FITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211, LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from saw the deceased alive on the deceased obeye, (1) (we) (did not) view the body ofter death. 79 ___, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED MEDICAL STAFF ATTENDING DIRECTOR PHYSICIAN 22e ADDRESS PHYSICIAN'S NAME (TYPE OF PRINT) MO 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 73b. DATE 23a. BURIAL, CREMATION, REMOVAL STATE Burial CITY OR TOWN COUNTY 2-2-79 Harmony Mem. Pk. Landover, Md. 24 FUNERAL DIRECTOR John T. Rhines Contract 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 7/77 (VRA 15 (4))

NAME 3030 12th St., N.E., D. C.

01-23-79	EVELYN L. CAPTER
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	3. SE	Male	\$ - II	White		Sep	t 2,1923	6 AGE (IN YEARS L		IF UNDER 1 YEAR	IF UNDER 24 HR HOURS MIN
5	7a. BI	RTHPLACE (STATE COUNTRY) Maryl		76. CITIZEN OF	WHAT COUNTRY?	0	D NEVER MARRIED		GEORGE 'S		
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	13a S	AL RESIDENCE (#N	13bp GUN	OTHER INSTITUTION	134 CITY OR POW		134 INSIDE CITY LIMITS?	139SIREET ADD	ress itgomery	Street	
14	14 FA	THER'S NAME Harry M.	Castl	WIDDIE	LAST		15 MOTHER'S MAIDENNA/ FIRST Ruth		Mers	on tas	īT
		/AS DECEASED EV ES, NO OR UNKNOWN) YES		MED FORCES? WAR OR DATES)	216-16-		Franklin Cas		Homer A	ve., Si	uitland
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-		22d. PHYSICIAN'S	NAME (TYPE O	T. DOR		1/2	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF	1/2	6/29
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250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH-16 50M7/77 (VR A 15 (4)) 24 FUNERAL DIRECTOR

Donaldson Funeral Home, Laurel, Md

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion

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STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECE SED NAME 20. DATE KNOWN
OF ESTI-2b. HOUR (TYPE OR PRINT) KOL DEATH MATED DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE 2d. HOUR PRONOUNCED DEAD To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEA MARRIED NEVER MARRIED FORE ON COUNTRY DIVORCED 10. CITY OR TOWN OF DEATH USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY 13a. STATE 13b. COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRES MD 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST DIVISION OF AND CHANDLER EMMA ALLEN 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U (YES, NO, OR UNKNOWN) NO CAUSE OF DEATH (Enter only one cause per lige far (a), (b), and (c), USIT PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cardes Vies outer IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 20. AUTOPSY? E 3 SHOULD BE US DEPARTMENT OF PRIOR TO BURIAL, YES 🗌 NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. PRIOR 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN STATE COUNTY WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry death resulted fram: Natural causes Homicide Undetermined monner TITLE (SPECIFY) ACTUAL TO FUNERAL DAFTER DEATH, BALTIMORE, MA Deputy SIGNATURE MEDICAL EXAMINER Augusto P. Rodr 12800 Willow Wind Circle, Oxon, EXAMINER'S NAME TYPE OR PRINT 23a. BURIA REMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY -24. FUNERAL DIRECTOR RESISTRAR'S SIGNATURE **DHMH-17** Tistrey McCherch VR A15 ME (5)) 15M 7/77

79-02271 RECEIT PULLSWARE ENGLISHER OF LONGIC LONGIC LOSE A. C. Annual meeting of the manual property of the contract of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN 7h HOUR (TYPE OR PRINT) OF ESTI-Ca boot DEATH MATED 19 /6 SEX 5 DATE OF BIRTH 6. AGE UNYEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d, HOUR DATE MONTH DAY YEAR LASTBIRTHDAY PRONOUNCED DEAD YRS TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED 40 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 112b. KIND OF BUSINESS OR INDUSTRY USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS BROOKS NO [] 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE 6 IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line for (a) (8), and (c BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o. DUE TO, QR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL YES NO . 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted fram: Motural causes Accident Suicide Homicide L Undetermined monner TITLE (SPECIFY) ACTUAL M.D. Deputy MEDICAL EXAMINER Augusto P. Ródriguez 12800 Willow Wind Circle, Oxon Hill, Md. 20022 EXECUTE PAGE 4 TO FUNE AFTER DE EXAMINER'S NAME (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 256. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) 15M 7/77

79-02272 the first of the second of 571 THE WAR STATE OF THE STATE Male IR Color Surgary X - 2032 Strocks Like Elings & Country ofthe make THE PERSON AS DELL'ART THE THE TALL AS A SECRET SECRETARY And the second of the second o Break 1-19-79 Friends Coresci Buris Buris France the city one are not been all the second

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH 19 REGISTRAR . DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) Kathleen MARY 01 - 10 - 79CIAMPO 4:10AM 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR HOURS Female White March 16, 1924 54 TO BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Wash. D. C. PRINCE GEORGES WIDOWED T DIVORCED [O CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR Housewife Working LIFE Home CHEVERLY PRINCE GEORGES GENERAL HOSPITAL 13d INSIDE CITY LIMITS? 3422 Cheverly Avenue Pr. Geo's Cheverly Maryland YES T 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Lillian Oscar Chaney Scott 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? I JE YES, GIVE WAR OR OATES: 578 22 2033 Deborah A. Robinson (dau) Edgewater, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH 18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT YES [NO F 21a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 22a.I certify that (I) (this haspital) attended the deceased from 1 cmbon sow the deceased alive an and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not new the body ofter death 22c. DATE SIGNED 226. SIGNATURE DEGREE ATTENDING MEDICAL Jan 10, 1976 PHYSICIAN P DIRECTOR PHYSICIAN 22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Jan 12,1979 Fort Lincoln Cem
4 FUNERAL DIRECTOR
Francis Gasch's Sons, PA Hypattsville, Md.

DATE

230. BURIAL, CREMATION, REMOVAL

m Brentwood P. G. Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 1/75 (VR A 15 (4))

E7550-818-02273 and the state of t The state of the s establication of the state of t a la ... 3 l e e l ... 3 l illian Sauk .50 To a serious and a serious over the state of ial (a.12,1 i of a second of a

TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter

or ottending physicia

etained by the haspital

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages I and 2 should be filed within 72 haurs oftwith the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, ar removal.

STATE OF MARYLAND

79-02274

1	FOR STATE REGISTRAR	DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH	TENE 79-	022	74		
	PECEASED NAME FIRST	MIDDLE	t	AST	2a. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
1	LORE	N DUANE	C	LARK		AN I	12	79	5:30 pM
3. S		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)		RIYEAR	IF UNDER 24 HRS
M	ALE	CAU	MONIA	DAT TEAR	57	YRS.	MONTHS	DAYS	HOURS MIN.
7a.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIEI	D NEVER MARRIED	9. BALTIMORE CITY C		Y OF DE	ATH	
	EW YORK	UNITED STATES	WIDOWE	D DIVORCED	PRINCE GE	ORGE		- 4	MD
AN	HENSWATEREATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPAT		12b.	KIND O	F BUSINESS OR
	RCE BASE	MALCOLM GROW US		DICAL CENTER	RETIRED		, , , , ,	LIT	ARY
130	UAL RESIDENCE (IF NURSING HOME OF STATE 13b. COUP	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS				
-		RFAX VIENNA		YES XX NO [1006 FAIRW	AY DR	RIVE		
14. F	FATHER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NA/ FIRST	ME			LAS	1
-	DANIEL LORE	The state of the s		BARBARA				UME	
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES)	JRITY NO.	17. INFORMANT	1000 R	FAIRW	AY I	RIV	E
	YES KO	OREAN 072-12-5	244	MARILYN CLARK	(WIFE) VIENN	A, VI			22180
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY:								MATE INTERVAL ONSET AND DEATH
	IMMEDIATE CAUSE (0) PULMONARY EDEMA								HOURS
	Conditions, if ony, which (b) ADRNOCARCINOMA LEFT LUNG								
	Conditions, if ony, which	(b) ADEN	OCAR	CINOMA LE	FT LUNG			4	YZARS
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF						
	underlying couse lost.	(c)							
N N	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)								
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?				IGS USED
Ē					YES NO		IFYING C	CAUSES	OF DEATH?
CER.	21a. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURR		1	-	PART 2)	
	OR CONTRIBUTING CAUSE OF DEA	AID -	AY YEAR						
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		21f. LOCATION					
Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.)	STREET	CITY OR TOV	VN	COU	NTY	STATE
	22a. certify that (1) this hospi	ital) attended the deceased from_	Jus	VIZ 19 77	10 JAN		19 7	19	tho (1) we) lost
	sow the deceased alive on	12 JAN 10	79 . on	d that in my (our) opinion o	deoth occurred on the de	ote and ho	ur and fr		
	22b. SIGNATURE	ot) view the body ofter death.		DEGREE			22	c. DATE	SIGNED
	Ale R	Godbart.	m	ATTENDING PHYSICIAN	MEDICAL STAI	FF CLANS	1	2-7	AN 79
	22d. PHYSICIAN'S NAME (TYPE O	PR PRINT)		22e. ADDRESS	DIRECTOR PHISIC	IAIN			1100
	A AN RO	RENT GROSSI	An H						
230	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION				
254.	(SPECIFY)	The second secon			CITY OR TOWN	A 7 .*	COUNTY		STATE
24.	Burial FUNERAL DIRECTOR			on National	REC'D. BY REGISTRAR	ATLII	TRAR'S	II, V	irginia
	NAME	ADDEFS]	W. Map	DIE AVE.	IN 22 1979	Jus	Trey.	ME	ready
	Money & King	Funl. Home, Vien	na. W	3					

79-02274 Convey Drawn Come MILE 19 536 PILMENARY DIMEN AAN BROWT GIRESBURG

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9-02275 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE LAST 20 DATE OF DEATH 2b. HOUR (TYPE OR PRINT) poge 3 er death 6:40A 1979 DAVID TRA CLELAND Jr Jan L'directar, po 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH HOURS 1951 Male Cauc Jan 70 BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED S. Carolina USA Prince Georges County WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Malcolm Grow USAF Med Cen TYPE OF WORK FOR MOST OF WORKING LIFE INDUSAF Andrews AFB DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE | IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 136 COUNTY 131 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS plub Prin Geo Md Andrews AFB 2034-B Taylor Run Rd NO F etely d 2 sh 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST J .MIDDLE Bintrim Velma Cleland David Ira edical 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS Sgt Anderson. YES, NO OR UNKNOWN) 284-48-9092 USAF Personnel records Andrews AFB APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and to 70 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) Cardiac Arrest ö DUE TO, OR AS A CONSEQUENCE OF emotion, ony, which gove rise to immediate ather couse lot, stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse 0 ŏ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 bur CERTIFICATION to 19n DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED pri IN CERTIFYING CAUSES OF DEATH? be YES T NO I the burial-transit and Mental Hygie 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY NOT WHILE WHILE AT WORK AT WORK 79 Jan 220.1 certify that (1) (this haspital) attended the deceased from .Tan DIRECTOR sow the deceased alive on. _, and that in (my) (our) aprinian death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED pe ‡ + ATTENDING STAFF be deta HOSPITAL FUNERAL MPORTANT. 3 Jan 79 PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) RAYMOND S. 22e ADDRESS BENNETT Malcolm Grow USAF Med Cen should be with the JR.MD.COLONEL, USAF.MC Andrews AFB, Md 0 0 NAME OF CEMETERY OR CREMATORY RUPERIOR CEMETERY 230. BURIAL CREMATION, REMOVAL 23d. LOCATION 23b. DATE | SPECIFY) Muddy 1-6-79 Creek Township, Pa Buria 24 FUNERAL DIRECTOR Marshall
NAME 4217 - 9th 's Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAK 9th St. NW, Washington, DC DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND

nding physician and completely filled in by the funeral director, j corbanpapers. Pages 1 and 2 shauld be filled within 72 haurs ofter

n signed by the ottending physician Then please remove requires that the deoth certificate

should be detached for use as the burial-transit permit. Then please remove count the State Dept. of Health and Mental Hygiene prior to burial, cremation,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR	DEFAR		ICATE OF DEATH	7. 9 - (REG. NO.	02276	
	ECEASED NAME FIRST SAMU	EL GARDNER COAL		AST	JANUARY 15,	DAY YEAR	26. HOUR 2:45A
3. SE	Male	Caucasian	5 DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 H
70 B	SIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY U.S.A.	(2 8	D K NEVER MARRIED	BALTIMORE CITY OR COU	INTY OF DEATH	A A
1	Lanham	11. NAME OF HOSPITAL, NURS OCTORS HOSPI	tal of		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKI) Package Store	12b. KIND C	il
130 3	Maryland Prin	or other institution, give residence bering to the control of the	WN	13d INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS	een Atree	e
	ATHER'S NAME Samuel	G. Coal		IS MOTHER'S MAIDEN NAME FIRST Josephin	we widdle	LA	
16a V	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? (F WAR OR DATES) 432-01-0		Carrol Coa	3105 Maygre le Forestville		e nd IMATE INTERVA
TION	Conditions, if ony, which gove rise to immediate couse ioi, stating the underlying couse lost PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQ (c) CONDITIONS CONTRIBUTING TO 198. CONDITION FOR WHIC	DEATH BUT				
CERTIFICATION			H OPERATIO		YES NO	F YES, WERE FIND IT ERTIFYING CAUSES YES	OF DEATHS
1.0	2]0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	A 18, PART 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	21f. LOCATION STREET	CITYORTOWN	COUNTY	STATE
al I	22a. I certify that (I) (this hasp	ital) attended the deceased from		161			that (I) (we'
	sow the deceased olive or obove, (1) (we) (did) (did no	ot view the body ofter death.			death occurred on the date and		couses state
200	sow the deceased olive or obove, (1) (west fold) (did no 22b. SIGNATURE	View the body ofter death.		DEGREE ATTENDING PHYSICIAN	, MEDICAL STAFF	22c. DATE	couses state
0.70	sow the deceased olive or obove, (1) (we) (did) (did no	or view the body ofter death.		DEGREE ATTENDING PHYSICIAN 22e ADDRESS	, MEDICAL STAFF	22c. DATE	SIGNED

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR:

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

79-02276 course . The same and thought a same a same a same 10. 1. 10. 10. 11. 11.

The state of the s

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST DECEASED NAME 20. DATE KNOWN PO MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-Joseph me s DEATH MATED DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE PRONOUNCED 25 Jan 1957 DEAD 76 CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Washington D.C WIDOWED DIVORCED Prince George ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 112b. KIND OF BUSINESS Radiations Welder Cheverly Prince George General BE USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 113b COUNTY 13c. CITY OR TOWN T3d. INSIDE CITY LIMITS? 13e STREET ADDRESS Oxon Hill Geo YEXX NO [6400 Gifford Lane 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST AND Felice Celeste Collins J. Eugene FORM ADDRESS Same as #13 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES Celeste M. Collins (mother) 579 86 0388 No CAUSE OF DEATH (Enter only one cause per line tos (a), (b), and (c). APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY teratacare inomo IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? OF DEPARTMENT OF PRIOR TO BURIAL, YES [] NO [BE 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN WHILE AT WORK WHILE COUNTY STATE 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion death resulted fram: Natural causes Hamicide Undetermined manner DIRECT EXECUTE THE PAGE 4 SHOU TO FUNERAL I MEDICAL EXAMINER EXAMINER'S NAME TUGUSTZ (TYPE OR PRINT) 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Clinton Maryland 9Jan1979 Resurrection Cem Burial 24. FUNERAL DIRECTOR Robert E. Wilhelm Funeral Homesa, Date REC'D, BY REGISTRAR 256, REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) Suitland, Maryland 15M 7/77

STATE OF MARYLAND

Liveton -

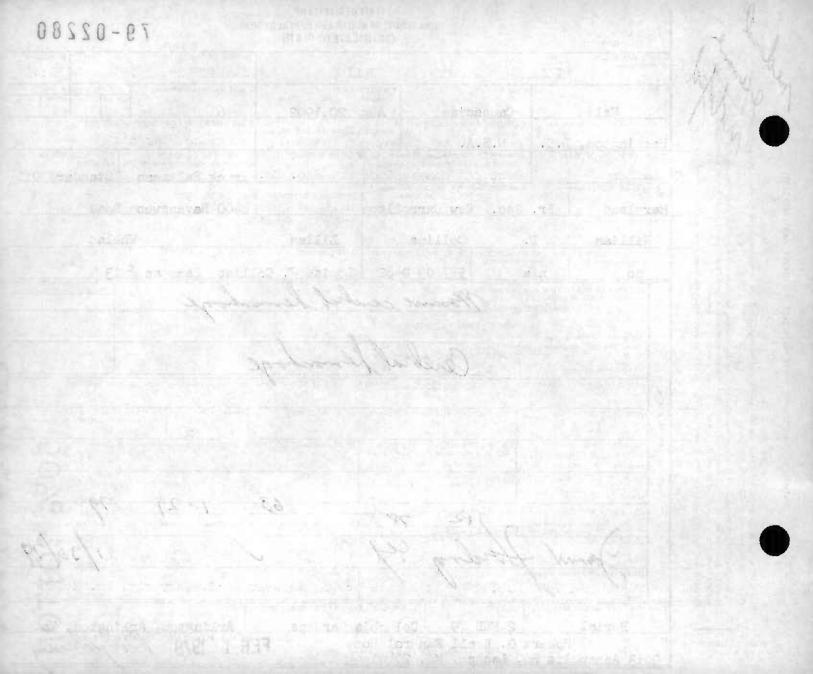
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1975 C Spare - 10. April 14. 14. 24 1979 Lite Haller

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-02280 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE LAST 2g DATE OF DEATH MONTH (TYPE OR PRINT) WILLIAM THOMAS COLLINS JANUARY 29, 1979 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR HOURS Male Caucasian 20,1902 7a. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY MARRIED X NEVER MARRIED COUNTRY Prince George's Washington. D.C U.S.A. WIDOWED DIVORCED [NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IO CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Doctors' Hospital of Pr. Geo. Co. Lanham DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Truck Saleaman Standard Oil USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 134. COUNTY 130. CITY OR TOWN 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 8400 Ravenswood Road Maryland Pr. Geo Carrollton lew 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MICOLE William Collins Whelan Lilian 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) 09 0482 Louise J. Collins n/aSame as 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (0), stating the DUE TO, OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION prior 19 DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? pe NOE YES [NO F ransit p Hygier 21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d IN JURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE NOT WHILE AT WORK 22a.1 certify that (I) (this haspital) attended the deceased from sow the deceased alive an and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated dy ofter death be detached e State Dept. 22b. SIGN 22c. DAZE SIGNE DEGREE O FUNERAL DIF hauld be detach outh the State De ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN PORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT 22e. ADDRESS 6005 Landover Road, Cheverly, Md. 20785 JAMES HARDING, M.D. 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 23g. BURIAL, CREMATION, REMOVAL 23b. DATE STATE COUNTY Burial Columbia Gardens Arlington, Arlington. 25a. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Robert G. Beall Emmeral Home DHMH - 16 50M 7/77 (VR A 15 (4)) 9013 Annapolis Rd. Lanham, Md. 20801 Trada



	STATE	202			20	00001
	REGISTRAR			CERTIFICATE OF DEATH	REG. No. 9 -	UZZBI
	PECEASED NAME AFON	riotte	LENTINE CON	/ /SV/ OF	E KNOWN MONTH ESTI- H MATED []	3 19 79 A
3. SI	omale White	5. DATE OF BIRTH	YEAR LAST BIRTHDAY)	UNDER 1 YR. IF UNDER 24 HRS. 7c. DAT ONTHS DAYS HOURS MIN. PRONOL DEA	UNCED	DAY YEAR 24 HOUS
	SIRTHPLACE (STATE OR OR OR GINE COUNTRY)	U.S.	MAF	RRIED NEVERMARRIED 9 BALTI	MORE CITY OF COUNT	Y OF DEATH
	Cheverly	Prince	SPITAL, NURSING HOME, OR O' ACHTY, GIVE STREET ADDRESS'GEN		UPATION (TYPE OF WORK ORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY Dress Maker
JSU 30	AL RESIDENCE (IF IN NURSING HON STATE Wash.D.D.	NE OR OTHER INSTITUTION, G. JNTY	rve residence before admissioni 134 City or Iown Washington	13d. INSIDE CITY LIMITS? 136 STREET ADDR	RESS Dlumbia Rd	
14. 1	ATHER'S NAME Armand	WIDDLE	Bagnol	15. MOTHER'S MAIDEN NAME FIRST UNAVIABLE		niez
160.	WAS DECEASED EVER IN U.S., YES, NO, OR UNKNOWN) (IF YES, G	ARMED FORCES?	16b. SOCIAL SECURITY NO. 577-54-1342	2 Rolly Conley Ale	10 Cameron exandria,	Terrace Va. 22303
	18 CAUSE OF DEATH (Enter	anly ane cause per line		11.6		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAU	IATE CAUSE (a)	AS A CONSEQUENCE OF	1 Januar		
NO		ATE CAUSE (a) Out TO, OR Out TO, OR Out TO, OR (c)	AS A CONSEQUENCE OF LEND'S ales SE AS A CONSEQUENCE OF CHILD of Just	EASE OR CONDITION GIVEN IN PART 1 (a).		
ICATION	Canditians, if any, whi gave rise to immedia cause (a) stating the und lying cause last.	ATE CAUSE (a) DUE TO, OR (b) DUE TO, OR (c) NS CONTRIBUTING TO DEATH	AS A CONSEQUENCE OF LEND'S ales SE AS A CONSEQUENCE OF CHILD of Just	EASE OR CONDITION GIVEN IN PART 1 (a).		28 AUTOPSY?
CALCERTIFICATION	Conditions, If any, whis gave rise to immedia cause (a) stating the und lying cause last. PART 2 OTHER SIGNIFICANT CONDITION	IATE CAUSE (a) DUE TO, OR (b) DUE TO, OR (c) NS CONTRIBUTING TO DEATH 19b. CONDITION TIME OF HOUR A.M.	RAS A CONSEQUENCE OF LEAD SELECT SELE	EASE OR CONDITION GIVEN IN PART 1 (a).	INJURY IN ITEM 18 PART 1 OR PAR	YES 🔲 NO 🍱
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITION 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF ORDER 214. INLIER OF CHERED	INTECAUSE (a) DUE TO, OR Charles TO DUE TO, OR Charles TO, OR Char	RAS A CONSEQUENCE OF LEACH SELECT SE LAS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL DISE TION FOR WHICH OPERATION FINJURY A. MONTH DAY YEAR 19	ASE OR CONDITION GIVEN IN PART 1 (a). WAS PERFORMED?		YES NO A
	Conditions, if any, whing ave rise to immedia cause (a) stating the und lying cause last. PART 2 OTHER SIGNIFICANT CONDITION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CAUSE OF CONTRIBUTION CAUSE OF CAUSE	IATE CAUSE (a) DUE TO, OR (b) ET- DUE TO, OR (c) IS CONTRIBUTING TO DEATH 19b. CONDI 21b. TIME OI HOUR A.N 21e. PLACE STREET, FAC	AS A CONSEQUENCE OF AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL DISE TION FOR WHICH OPERATION FINJURY A. MONTH DAY YEAR A. 19 OF INJURY (AT HOME. 21f. L. TORY, FARM, ETC.) Scribed above, held an Auto Accident , Suicide	ASE OR CONDITION GIVEN IN PART I (e). WAS PERFORMED? HOW INJURY OCCURRED LENTER NATURE OF II COCATION STREET CITY OR TO Homicide Undetermined in TITLE (SPECIFY) Deputy MEDICAL EXA 12800 Willow Wir	rown cou	YES NO A NO TO THE INITY STATE
MEDICAL	Conditions. If any, whing over rise to immedia cause (a) stating the und lying cause last. PART 2 OTHER SIGNIFICANT CONDITION 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE CONTRIBUTING AT WORK 210. I Certify that I taok che death resulted frag: No ACTUAL SIGNATURE	INTECAUSE (a) DUE TO, OR Ch The DUE TO, OR (c) NS CONTRIBUTING TO DEATH 19b. CONDI 21b. TIME OF HOUR A.M P.M. 21e PLACE STREET, FACT STREET, FACT BUSTO P. RO	RAS A CONSEQUENCE OF LEACH SOLVENSE AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL DISE TION FOR WHICH OPERATION FINJURY A. MONTH DAY YEAR OF INJURY (AT HOME, 19) OF INJURY (AT HOME, 21f. L. Scribed above, held an Auto Accident Suicide OUT 154022	ASE OR CONDITION GIVEN IN PART I (a). WAS PERFORMED? HOW INJURY OCCURRED LENTER NATURE OF B COCATION STREET CITY OR TO TITLE (SPECIFY) Deputy MEDICAL EXA 12800 Willow Wir	rown course and in my appropriate and circle,03	YES NO A NO TO THE INITY STATE

STATE OF MARYLAND

COMMING COMPANIONS

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Recognition address &

Panty Pemoral Home, "Sliber", estyland

Chemisty - Trings Governs Sen. Hosmithis Securities - Them

.C.O. dens

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumatic event, the medical examiner must be notified an once

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02282

		REGISTRAR		CENTILICATE	OI PERIII	REG NO	02202	
1		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR 26. H	OUR
	2 CEV	FLMICK	race Tugene	S. DATE OF BIRTH	X	6. AGE (IN YEARS LAST BIRTHDAY)	26/779 3	DER 24 HRS
	3. SEX	Male	WHITE	MONTH	DAY YEAR	1.5	MONTHS DAYS HOUR	
F	7a, BIF	RTHPLACE ISTATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED N	EVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH	
		akyland	NSA	WIDOWED	DIVORCED [PRINCE	0-E05	MD.
0	10 CI	ROSTUILO	NAME OF HOSPITAL, NURSIN		Home	120 USUAL OCCUPATION (TYPE DE WORK FOR MOST OF WORKI	IZB. KIND OF BUS	CD.
	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OR OTH			SIDE CITY LIMITS?	13e STREET ADDRESS		
4	1/1	aryland P.6	· Pemple	Hills YES	NOD	3300 BRMK	Yex Rd.	
0	14. FA	THER'S NAME FIRST MIDE MID MID	COX LAST SE	2. 15. MC	THER'S MAIDEN NAM	MIDDLE	OWEN	S
	160 W (Y		D FORCES? 16b SOCIAL SECUI	3191 N	LORY E.C.	OX PANGHTER	Asio 16	m Bo
-		. CAUSE OF DEATH (Enter only o	one couse per line for (0), (b), one	lici	7 0	1	APPROXIMATE IN BETWEEN ONSET	TERVAL ND DEATH
1		PART I. DEATH WAS CAUSED B	VI WIND	ri (one			
		5722	DUE TO, OR AS A CONSEQUE	NCE OF				
1		Conditions, if any, which gove rise to immediate	(b)					200
1		couse (o), stoting the	DUE TO, OR AS A CONSEQUE	NCE OF				
1		underlying couse last.	(c)					
	NO	PART 2. OTHER SIGNIFICANT COI	nditions <u>contributing to D</u>	<u>EATH</u> BUT NOT R	ELATED TO THE TERMIN	NAL DISEASE OR CONDITION	GIVEN IN PART 1(0)	
2	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS	PERFORMED		YES, WERE FINDINGS U RTIFYING CAUSES OF DE YES NO	ATH?
1	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA	V YEAR 21c. H	OW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEA	1B, PART 1 OR PART 2)	
4	CAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		OCATION STREET	CITY OR TOWN	COUNTY	STATE
1		22a.1 certify that (1) (this haspital)	attended the deceased from	Jan 13	19.79	10 TAN 26	19 79 that () (we) lost
		sow the deceased alive on obove, (1) (we) (did) (did not) v	JAN - 26 197	9, and that	in (my) (our) opinion d	eath occurred on the date and		
	0.3	22b. SIGNATURE	/ One debit.	DEGREE	9130 5-1	/	22c. DATE SIGNI	0
		William 1	ant Junt		ATTENDING PHYSICIAN I	MEDICAL STAFF DIRECTOR PHYSICIAN	1-26	-79
1		22d. PHYSICIAN'S NAME (TYPE OR PR	NT)	22e. A	DDRESS	in Ilent	Ilani.	011
1		W/// 14/11 1	S' FURS,	1. 9	TOI LUI	MAN ITEHU	MILLIA	49.
	23 B	URIAL, CREMATION, REMOVAL	236. DATE 23c. N	AME OF CEMETER	RY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE /
	- 1	2 DELINA	1, 10 1919	GUHK	17/12	SULLAND	119. 1V	U.

DHMH - 16 50M 7/77 (VR A 15 (4))

79-02282 Elmis English Cox - Last Stary destill Male White 12 de 12 65 FORESTITIES LIBERTY PORTING FORME PROTECTS TO BEFORE THERITAL FOR TEMPERATE PARTY SALE STANKING TO ELMERT EN CEX 32 SETTEMENT CONFERM STEET STEETSHE TIPENETER HOSPIELE FOR THE FOR THE FOR 11-15-1 ILM AM K. FEET GAR INDER HORD HEREY

	4	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4	-
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	0	ċ
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F V	A	phy
NO	YSIC	guip
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á	N	o lo
	IEN I	to
	AT AT	hosp
	LOR	the
	PITA	by
	105	retained by the hospital or attending physician.
	. 0	reto

Stol difector, page 3 72 hours after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funishould be detached for use as the burial-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be filled with mainty the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

moy be

	STATE OF MARYL
FOR	DEPARTMENT OF HEALTH AND

AND MENTAL HYGIENE

02202

1. DECEA					CERTIF	ICATE OF DEATH	REG. NO	3 0	-	
	ASED NAME	FIRST EV	a '	M.	i	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
		Eve-	- শ		Curt	in	Janua		26 1979	12:30
3. SEX			4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 H
F	emale		Caucas:	ian	Feb		86	YRS.	MONTHS DAYS	HOURS
7a. BIRTH	PLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	AT COUNTRY? 8 MARRIED NEVER MARRIED		9. BALTIMORE CITY O	R COUNTY	Y OF DEATH	
COOK	Wash.	,DC	U.S.A		WIDOWE		Prince Ge	eorge'	s	
10. CITY	OR TOWN OF D	EATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE		G HOME C		120. USUAL OCCUPATION OF WORK FOR MOST OF	ON .	12b. KIND (OF BUSINESS
	verdale		Eugene	Leland Me	moris	1 Hospital	Housewife		-	
USUAL R	JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 30 STATE 13b. COUNTY Pr. Geo.			GIVE RESIDENCE BEFORE 130. CITY OR TOWN Hyattsvi	ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 3147-Quee	ns Ch	apel Ro	l.
14. FATH	FATHER'S NAME					15. MOTHER'S MAIDEN NA				
	George Nathan			Darcey		Mary	WIDDLE		Stacks	ST
160 WAS	DECEASED EVE NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	578-03-2		Thomas F. Cu	rtin Jr. Av	e.,81	Ol-Brur Iver Sp	swick ring,
C	gove rise to in ouse (a), sto inderlying cou	ting the	(c)	R AS A CONSEQUE			INAL DISEASE OR COM	DITION GA	(FALINI DA DT 1)	
	ART 2. OTHER SI	GNIFICANT C	ONDITIONS CO	C C	O (- I	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITIOI4 GIV	VEN IN PART I	0)
	DATE OF OPER	10	BE TI	5 0	へきし	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY?	20b. IF YES	S, WERE FINDI FYING CAUSES	NGS USED
CERTIFICATION	D	ATION INDERLYING CAUSE OF DEA	3 E T (19b. COND) 21b. TIME O	S C ITION FOR WHICH F INJURY M. MONTH DA	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES	S, WERE FIND! FYING CAUSES ES []	NGS USED OF DEATH?
MEDICAL CERTIFICATION	DATE OF OPER a. ACCIDENT WAS LETTER OF THE MEDIT OF THE	RATION INDERLYING CAUSE OF DEADICAL EXAMINER)	19b. CONDI 19b. CONDI 19b. CONDI 19b. TIME O HOUR A. P. 21e PLACE	S C ITION FOR WHICH FINJURY M. MONTH DA M.	OPERATIO YEAR 19	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES IN CERTIF YE RY IN ITEM 18, F	S, WERE FIND! FYING CAUSES ES []	NGS USED OF DEATH?
MEDICAL CERTIFICATION 100 101 101 102 103 104 104 105 105 105 105 105 105	a. ACCIDENT WAS LETTER OF OPER R. CONTRIBUTING ETHER, NOTIFY MEE INJURY OCCU- WHILE NOT WORK AT NOTIFY ACT OF THE NOTIFY HOT OF THE NOTIFY HOT SOW the deceived	AATION INDERLYING CAUSE OF DEA ICAL EXAMINER) IRRED WORK (1) (this hospi	19b. CONDI 19b. CONDI 21b. TIME O HOUR A. P. 21e PLACE (AT HOME, STR	TITION FOR WHICH FINJURY M. MONTH DA M. OF INJURY LEET, FACTORY, OFFICE, F.	OPERATIO AY YEAR 19 ARM, ETC.)	N WAS PERFORMED 21c. HOW INJURY OCCUR! 21f LOCATION STREET 19 4 that in (my) (our) opinion	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURE) CITY OR TOW	20b. IF YES IN CERTIF YE YY IN ITEM 18, 5	S, WERE FINDS FYING CAUSES S PART I OR PART 2) COUNTY 19 Jr and from the	NGS USED OF DEATH? NO STATE that (I) (we)
WEDICAL CERTIFICATION 31 52 52 52 52 52 52 52 52 53 54 55 56 57 57 57 57 57 57 57 57	a. ACCIDENT WAS LETTER OF OPER R. CONTRIBUTING THE EITHER, NOTIFY MEE INJURY OCCUVALIE NOT AT	ATION INDERLYING CAUSE OF DEAR OF DEA	19b. CONDITION TO THE CONTROL OF THE	TITION FOR WHICH FINJURY M. MONTH DA M. OF INJURY LEET, FACTORY, OFFICE, F.	OPERATIO AY YEAR 19 ARM, ETC.)	21c. HOW INJURY OCCURS 21I LOCATION STREET	200 AUTOPSY? YES NO PARTIES OF INJURE CITY OR TOW deoth occurred on the do	20b. IF YE'IN CERTIIN YEE IN CERTIIN YEE IN ITEM 18, F	S, WERE FINDI YING CAUSES ES PART I OR PART 2) COUNTY 19 22c. DATE	NGS USED OF DEATH? NO STATE
WEDICAL CERTIFICATION 31 52 52 52 52 52 52 52 52 53 54 55 56 57 57 57 57 57 57 57 57	a. ACCIDENT WAS LETTER OF OPER C. ACCIDENT WAS LETTER OF OPER C. ACCIDENT WAS LETTER OF OPER C. I CETTIFY THOSE Sow the deceadobove, (1) (we obove, (1) (we	ATION INDERLYING CAUSE OF DEAR OF DEA	19b. CONDITION TO THE CONTROL OF THE	TITION FOR WHICH FINJURY M. MONTH DA M. OF INJURY LEET, FACTORY, OFFICE, F.	OPERATIO AY YEAR 19 ARM, ETC.)	N WAS PERFORMED 21c. HOW INJURY OCCUR! 21f. LOCATION STREET 21f LOCATION DEGREE ATTEMPT OF THE PROPERTY OF	200 AUTOPSY? YES NO PARTIES OF INJURE CITY OR TOW deoth occurred on the do	20b. IF YE'IN CERTIIN YEE	S, WERE FINDI FYING CAUSES ES PART I OR PART 2) COUNTY 19 22c. DATE 1-2	NGS USED OF DEATH? NO STATE that (I) (we) couses state

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

this certificate has been signed by the attending physician and campletely filled in by the funeral of burial-transit permit. Then please remaye carbonpopers. Pages 1 and 2 should be filled within 72 h

should be detoched for use as the burial-transit permit. Then please remave a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

MPORTANT: If Item 21 is marked or Item 18 shows any

injury, or other troumatic event, the medical examiner must be notified at ance

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02284

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	02204
1. DECEASED NAME FIRST (TYPE OR PRINT) THE	ma D.	Durling	JANUARY / 3/	YEAR 26. HOUR 79 11:45Am
3. SEX FEMALE	4 RACE WHITE	S. DATE OF BIRTH APRIL II, 1899		IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN
76. BIRTHPLACE STATE OR FOREIGN MICHIGAN 10. CITY OR TOWN OF DEATH Lanham	(IF NOT IN SUCH FACILITY, GIVE STE	MARRIED WEVER MARRIED WIDOWED DIVORCED RSING HOME OR OTHER INSTITUTION	Prince George's 12a. USUAL OCCUPATION (TYPEON-WORKFOR MOST DE MOST REMORKING LIFE)	County MD.
USUAL RESIDENCE (IF NURSING HOME 130 STATE 13b CO	OR OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION) OWN 113d INSIDE CITY LIMIT	s? 136. 11861 Crescent Ro	oad
Lewis 160 WAS DECEASED EVER IN U.S. A		Nellie	MIDDLE E	
	CONDITIONS CONTRIBUTING T	Septies QUENCE OF CHARGE TO DEATH BUT NOT RELATED TO THE	t Eufertaion TERMINAL DISEASE OR CONDITION GIVE Principles in cause	3 days 4 days IN IN PART 1(0)
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHI	ICH OPERATION WAS PERFORMED		WERE FINDINGS USED (ING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. I certify that which has saw the deceased allow above (I we) (did) Grd 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYP)	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF) pital) attended the deceased from 15	DAY YEAR 19 211 LOCATION STREET m 72 , 19 9 79 , and that in (my) (our) opi DEGREE ATTENDIN PHYSICIA	CURRED (ENTER NATURE OF INJURY IN ITEM 18, PAI CITY OR TOWN TT, to	county STATE: 19 757, that (1) (we) last and from the couses stated 22c DATE SIGNED
230. BURIAL, CREMATION, REMOVA		3. NAME OF CEMETERY OF CREMATO Arlington Nat. Ce	DRY 23d LOCATION	Flington Va.

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After

74 FUNERAL DIRECTOR
Frame is Gasch's Sons Funerator Home, P. A.
Hyattsville, Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

FB 5 1979 Ming

GISTRAR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-02285 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME MIDDLE 2a DATE OF DEATH 7b. HOUR (TYPE OR PRINT) 3. SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER YEAR MONTH YEAR To BIRTHPLACE STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PRYLAND WIDOWED DIVORCED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE, MARYLAND 21201 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY NO FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST AMES ENNEDY DAVIS ILADE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) SAME AS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c) PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE ID Conditions, if any, which gove rise to immediate couse (o), stoting DUE TO OR AS A CONSEQUENCE O underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO F certificate 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 20 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive on_ , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after deat DEGREE ۵ ATTENDING MEDICAL should be deta with the Store IMPORTANT PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS CSROBIAN LINTON 230 BURIAL, CREMATION, REMOVAL 23d. LOCATION 236 DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) UPIAL 24 FUNERAL DIRECTOR 250-DATE REC'D. BY REGISTRAR 256. REGISTRAR'S DHMH - 16 60M 1/75 SHOP FUNERAL (VRA 15 (4)) Leonardtown

19-02285 ALE THE REAL PROPERTY OF THE P ptinter in moraning (13 The AS) streets and a meetra CONTRACTOR MILES FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-02286

CAR		REGISTRAR		CERTIFICA	ATE OF DEATH	REG. N	19-0220	•
# (IA)		ECEASED NAME FIRST	MIDDLE	LAST	0.011	2a DATE OF DEATH	MONTH DAY YEAR 1	26 HOU
s other deoth	3. S	EX	O I P. W	5. DATE OF B	AV(S	6. AGE (IN YEARS LAST BIR		5 IF UNDER
s off		Female	White	MONTH	DAY YEAR	78		HOURS
hour hour	70.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	3/		9. BALTIMORE CITY	OR COUNTY OF DEATH	
- S		Jash., D.C.	U.S.A.	WIDOWED	DIVORCED [TRINCE	George	
d with	A 10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I		THER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING LIFE) INDUSTRY	
be tilled t be notif	USI	JAL RESIDENCE (IF NURSING HOME	REGEN CHE RESIDEN	Ly NURS	ng Home	Binder-U	J.S.Govit.G.	P.0
a pinou	130	Md. Pr.	NTY 13c, CITY C	DR'TOWN 136	I. INSIDE CITY LIMITS?	13e STREET ADDRESS	C41 11411	0-
z si	14, 1	ATHER'S NAME		15.	MOTHER'S MAIDEN NAM	NE .	Silver Hill	. 00
oud ollo	4	Harry	Meliu	AST 1.S	Mabel	MIDDLE	Fletche	272
medico/	160	WAS DECEASED EVER IN U.S. AI			INFORMANT	ADDRI	ESS 2424-Essex	Re
S. Po		no -	579	1-40-0032	Iola Hetz	er(Niece)	Richmond.	Va.
oper ovol.		18 CAUSE OF DEATH (Enter of PART), DEATH WAS CAUS	aly one couse per line for (a),	, (b), and (c).)	C 11	0. 1	APPROXIMA BETWEEN ON	ATE INTER
remo			TE CAUSE (o)	ncer 1	of the	BReasT	14 14 14 14 14 14	
atian, or i		1149	DUE TO, OR AS A CON	SEQUENCE OF				
E e -	I.	Conditions, if ony, which gove rise to immediate	(b)					
L cren		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CON	VSEQUENCE OF				
9 9 9	16	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN IN PART 1(a)	
a i i	o N					Taket M		
e prio	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION W	AS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O	S USED
Hygien 18 shov	E	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121	c. HOW INJURY OCCURRE	YES NO	YES [NO [
m 18		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT	TH DAY YEAR	a. HOW MIJORY OCCORNE	ED (ENTER NATURE OF INJUI	IT IN HEM 16, PART I OR PART 2)	
Men or He	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	21e. PLACE OF INJURY		f LOCATION			
s the rked	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TOV	NN COUNTY	STA
deolati s mo		22a.l certify that (I) (this hosp		from 12-1	3 19 78		19 <u>79</u> , th	at (I) (w
of 1.			ot) view the bady after death	19, ond th	nat in (my) (our) opinion de	eoth accurred an the d	ote and hour and fram the ca	iuses sta
Dept Dept		22b. SIGNATURE	h . x	DEG	ATTENDING	MEDICAL STA	22c. DATE SI	GNED
	-	22d. PHYSICIAN'S NAME (TYPE O	Vent Our	1.	PHYSICIAN 2	DIRECTOR PHYSIC		15-
should be de with the State IMPORTANT:		1. 1.11'a V	RPRINT)		E. ADDRESS		A 111 0	,
IMP(230	BURIAL, CREMATION, REMOVAL	123b. DATE	1230 NAME OF CEAN	THOI INDIAN	123d LOCATION	Oxon Hill mil.	4
	1.00	Burial	1-26-79		coln Cem.	Brentwo	od Pr.Geo.	STA
M7/77		UNERAL DIRECTOR			25e. DATE	REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNATUR	RE
4))	1	Valley's F.H.	Inc. Mt. F	Rainier,	Md.	IN 29 1979	Trifry Mal	read

79-02286	
Z. 1	Land Mattalanto
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Extra 94 6 13	
	Elita Maria Cherent (18)
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ole .cof.rd Bookines	. Day relative . J Short . A 'vellation

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME FIRST O DATE KNOWN MONTH 2b HOUR TYPE OR PRINT OF ESTI-C780140 DEATH MATED 19 6. AGE (IN YEARS IF UNDER 24 HRS DATE OF BIRTH IF UNDER 1 YR 2d. HOUR DATE LAST BIRTHDAY PRONOUNCED DEAD YRS 7a BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY 1CHIGAN WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION CCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS IVE RESIDENCE BEFORE ADMISSION 130 STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY HMITS? (De0. 14 FATHER'S NAME LAST " MIDDLE AND MIDDLE RODE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? LYES NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) ADDRESS aug SRMC AS CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2.0THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PARE-1 (4) CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E 3 SHOULD BE US E DEPARTMENT OF I PRIOR FO BURIAL, C YES [] NO [] 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED TIE PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK DIRECTOR: 1 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian ARYLAND death resulted fram Natural causes Accident Suicide Hamicide Undetermined manner TALE (SPECIFY) TO MEDICAL E.
EXECUTE THE C.
PAGE 4 SHOUL
TO FUNERAL D.
AFTER DEATH, V.
BALTIMORE, MA. EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION NATIONAL 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) 6160 OXON HILL Rd. OXON HILL 15M7/77

	REGISTRAR ECEASED NAME FIRST	MEDICAL EX	AMINER'S CERTIFICAT	2a. DATE KNOV	79-02288 NN XX MONTH DAY YEAR 125, HI				
(1	PE OR PRINT)	acey	De Laude	OF EST	1-				
3. St		5. DATE OF BIRTH 6. /	AGE (IN YEARS IF UNDER 1 YR. IF UN	NDER 24 HRS. 2c. DATE	MONTH DAY YEAR 26 9				
1	emale black	Jan. 4.1967	(AST BIRTHDAY) MONTHS DAYS HOU	PRONOUNCED DEAD	1 26 19 79 a				
7a.	BIRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER N	ARRIED 3. BALTIMORE C	CITY OR COUNTY OF DEATH				
A W	ash. D.C.	United STates			ce George County				
10.	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	12a. USUAL OCCUPATION FOR MOST OF WORKING LIFE	N (TYPE OF WORK 12b. KIND OF BUSINES					
	Lanham	Doctor's Hos	pital	Student	School				
USU 13a.	AL RESIDENCE (IF IN NURSING HOME STATE 113b. COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO		ITS? 13e. STREET ADDRESS					
LM	aryland				ghill Court # 303				
14.1	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S M	AAIDEN NAME	LAST				
	Richard	Delaud	ler Bett	У	Stewart				
160.	WAS DECEASED EVER IN U.S. AR YES, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL WAR OR DATES)	SECURITY NO. 17. INFORMANT	ADI	DRES Greenbelt, Md.				
	No	NON	E Betty S	tewart/mother/6	5207 Springhill Co				
	18. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	nly one couse per line far (a), (b), an			APPROXIMATE INTERV BETWEEN ONSET AND DI				
		TE CAUSE (o) Reyes	Syndrome						
	3318	DUE TO, OR AS A CONSEC	QUENCE OF						
Н	Conditions, if any, which gove rise to immediate	(b)			A-A-1 1-25-96				
	cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSEC	QUENCE OF						
		(c)							
z	PART 2 DTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART 1 (a).					
CERTIFICATION	19a, DATE OF OPERATION	19h CONDITION FOR WH	20. AUTOPSY?						
E S		The Condition of Wil	DITION FOR WHICH OPERATION WAS PERFORMED?						
ERT	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY	71c HOW INTURY OCC	URRED (ENTER NATURE OF INJURY IN I	YES XX NO				
I O	UNDERLYING OR	HOUR A.M. MONTH DA	Y YEAR	OWER (PARKINGER OF MORE BA)	rem reconst t Whitelett				
MEDICAL	CONTRIBUTING CAUSE OF	21e. PLACE OF INJURY (A	19 AT HOME. 21f. LOCATION						
ME	WHILE NOT WHILE	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY ST				
	AT WORK AT WORK								
		ge of the remains described above,	held an Autopsy XX, Insp	ection , Inquiry ,	and in my opinion				
	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ,								
	ACTUAL III.	700 AV	TITLE (SPECIF	Y)	DATE 1/27/79				
	SIGNATURE WA	ma Lola ") Assista	MEDICAL EXAMINER	DATE 1/27/79				
1	<	j inia T Dolam M	T 111	D- 0 D					
U	EXAMINER'S NAME TTT	THEA DO DOLAH, M	ADDRESS 111	Penn Street, Ba	ilto, MD 21201				
7	(TYPE OR PRINT) Virg								
230.	BURIAL, CREMATION, REMOVAL SPECIFY)	236. DATE 23c. NAM	AE OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE				
	BURIAL, CREMATION, REMOVAL SPECIFY)	236. DATE 23c. NAM	Harmony Cemetery	Landove	r. PG Maryland				
	BURIAL, CREMATION, REMOVAL SPECIFY) Burial UNERAL DIRECTOR	236. DATE 23c. NAM	Harmony Cemetery		r. PG Maryland				

NAME: Albert Joseph Delfield

DATE OF DEATH: January 10, 1979

PLACE OF DEATH: Prince George's County

SEE: #79-04898

February, 1979

Prince George's County



2	800	PRICE EXAMINA	e NeTI	FIED /29/	79 - 12 PM	MINT OF	E OF MARYLAND	AL HVCIPNE					
	- STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH				79-02289						
		CEASED NAME	FIRST		MIDOLE		AST	20	DATE OF DEATH	MONTH DA	Y YEAR 2	h HOUR	
3			ula		D	-	Dent		Jan	28	79 8"	10P.MM	
de 4 m	3. SE	Female		RACE Caucas	ian	S DATE (GE (IN YEARS LAST BIR			HOURS MIN.	
Pool die	7a. B1	RTHPLACE (STATE OR FOR	EIGN	76. CITIZEN OF WHAT COUNTRY? 8		D NEVER MARRI	ALTIMORE CITY	RE CITY OR COUNTY OF DEATH					
death in 7.	-	Ohio		U S A WIDOWE		DIVORCED Prince		ince Geo	rges		MD.		
os after os after os y the fulled with	10 CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ACDRESS)		(TYPE OF V		PE OF WORK FOR MOST	UAL OCCUPATION F WORK FOR MOST OF WORKING LIFE) HOUSEWIFE HOME				
hours hours be fill		inton AL RESIDENCE (IF NURSIN					PITAL CENT	ER [nouse	wite	HOBIC	2	
ND 2 24 hc 24 hc ould b	13a S	TATE	Pr. C	1TY	13c CITY OR TOV	VN ,	13d INSIDE CITY LIV		STREET ADDRESS	tton St			
RYLA vithan vithan pitely 1 2 sho	14 FATHER'S NAME					15 MOTHER'S MAIDEN NAME			CCOII D	50.			
amplet and 2		Edward		Sons				Elmyra Blood				EAST	
ORE, decould could		AS DECEASED EVER IN		MED FORCES? WAR OR DATES)	166 SOCIAL SECT		17 INFORMANT		ADDR	ESS			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours oftending physician. Ifter this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove corbon papers. Pages I and 2 should be fill the and Mental Phygiene prior to buriol, cremation, ar removal. orked or Item 18 shows any injury, or ather traumatic event, the medical examiner must be not account to the property of the p		No	(11 120, 0170	. WAR OR DATES;	214-72-	3809	Mary	E Doyl	e Ri	verdale	e, Md		
		18 CAUSE OF DEATH PART I. DEATH WA	Enter on	ly one couse per	line fociol, ib. of	id ic	0				APPROXIMA BETWEEN ON	SET AND DEATH	
				E CAUSE (a)	werh	Cer	mon				- our	27	
		2500		DUE TO, O	R AS A CONSPOU	ENCE OF	7.				1		
		Conditions, if any, a	which	(b)	100	leu					700	3.	
		couse (a), stating underlying couse		DUE TO, O	R AS A CONSEQU	ENCE OF	I Vars	Cul	d	ALG	ding	7/2	
DS, 20 applies that signed hen plea a burio pury, or jury, or	Z	PART 2 OTHER SIGN	HCANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMINAL	DISEASE OR CON	IDITION GIVE	N IN PART 1(0)		
been mit. The prior to any inj	E I	190 DATE OF OPERATION	201	TION COND	UL SORWING	COLDATIO	N WAS PERFORMED	1hs	Do AUTOPSY?	Tank IF VEC 1	WERE FINDING	0.1105	
TAL RECO	CERTIFICATION	DATE OF OFERAIR	014	170 COND	ITION FOR WHICH	OPERATIO	N WAS FERFORMED		EST NOT	IN CERTIFYI	NG CAUSES O	F DEATH?	
VITAL VI	CERI	210 ACCIDENT WAS UNDER	RLYING _	21b. TIME O			21c. HOW INJURY						
ON OF VI		OR CONTRIBUTING CA		TH HOUR A.	M. MONTH D	AY YEAR							
HYSE Ce buril Mer	MEDICAL	21d INJURY OCCURRE		21e. PLACE	OF INJURY		21f LOCATION						
IVISI	ž	WHILE NOT WHILE AT WORK	E	(AT HOME, STE	REET, FACTORY, OFFICE,	FARM, ETC)	STREET		CITY OR TO	WN	COUNTY	STATE	
NDIN 1 ar 1 ar 1 ar 1 ar 1 ar 1 ar 1 ar 1 ar		220-1 certify that (I) (t	his hospit	tal) attended the	e deceosed from_	11	2-7 . 19	79	to (1)	, 15	79 , the	ot (I) (we) lost	
Spito CTO I for of h		saw the deceased obove, (1) (we) take	olive on	t) view the body	ofter deoth.	9 , 01	nd that in (my) (our)	opinion deoth	occurred on the d	lote and hour o	and from the co	uses stated	
OR A bolike oched bepti		226. SIGNATURE	11	1			DEGREE				22c. DATE SI	GNED	
2 2 0 -		1	Mr.	1 ore	/ M-1		ATTEN PHYSI	IDING M	EDICAL STA		1/21	5/79	
NT A P		22d. PRYSIGIAN'S NAM	AE (TYPE OF	PRINT) MO	178A	/	22e ADDRESS 2 3 5	5 2	EN A	~	nd		
TO HO retoin with IMPO	23a P	URIAL, CREMATION, RI	EMOVAL	TOOK DATE	1236	NAME OF C	EMETERY OR TEM	A 10 12	3d. LOCATION				
6601 BP	{:	Burial	L. TOTAL	Jan 31			e Washingt	ton	Hyattsvi				
DHMH - 16 60M 1/75		INERAL DIRECTOR			AODRESS			25a. DATE REC	D. BY REGISTRAR	25b. REGISTR	AR'S SIGNATU	Early	
(VR A 15 (4))	F.	Gaseh's S	ons l	P A Hyat	ttsville,	Md.		FFR	5 1979	Just les	1	/	

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PARKET FAR

79-02289

DHMH - 16 60M 1/75 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	FOR - STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	IENE	79.	-02	29	0	
	ECEASED NAME	FIRST		MIDDLE	L	AST	20. DATE OF D	NEO. TO.	DAY YE	AR	26 HOL	JR
(1)	PE OR PRINT	HAR	/EY	G.		DERING		01	23	79	8:32	MAS
3 S	EX		RACE		5 DATE C		6 AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER I		IF UNDER	24 HRS
	Male		Cello	asian	MONTH	1.1918 YEAR	60	YRS	MONTHS	DAYS	HOURS	MIN
	BIRTHPLACE (STATE OR F	OREIGN 76		WHAT COUNTRY?	8			CITY OR COUN	TY OF DEAT	Н		
	ashington.	D.C.	U.S.	Α.	WIDOWE	DIVORCED DIVORCED						
	CITY OR TOWN OF DE		. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OC	GEORGE 'S	12b. KII		BUSINI	ESS O
110	HEVERLY			GFORGE GE		HOCDITAL	(TYPE OF WORK FO	R MOST OF WORKING		TOV	14	
USU	UAL RESIDENCE (IF NUR	SING HOME OR OT	THER INSTITUTION	. GIVE RESIDENCE BEFORE	ADMISSION)				1	TOV	L	
Mo		Pt.	Geo.	Lanham	N	13d. INSIDE CITY EIMITS?	13e STREET AD		Des			
	ATHER'S NAME					15 MOTHER'S MAIDEN NAM		Wilhelm	Dr.			
1 1	FIRST	MIC	DDLE	LAST		FIRST	A	NIDOLE	. 2. 7	LAST		
	Louis WAS DECEASED EVER	IN U.S ARME	ED FORCES?	Dering	RITYNO	Anna 17 INFORMANT		ADDRESS	oblena	2		
	YES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES	578 09 8		Barbara L. I	ering	Same &	s # 13	3		
	18 CAUSE OF DEAT PART I. DEATH W										ATE INTE	
NOI	Conditions, if any gove rise to imm couse tot, static underlying couse	mediate ng the last	(c)	PR AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE O	r condition g	IVEN IN PAR	RT 1(a)		
CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS	IN CERT	ES, WERE FILL IFYING CAL IES []	NDINC JSES C	S USEI	H?
	21g. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH		DF INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE	OF INJURY IN ITEM 1B	, PART 1 OR PAR	T 2]		
MEDICAL	21d. INJURY OCCUR	HILE [7]		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.]	211 LOCATION STREET	cn	Y OR TOWN	COUNTY		\$1	TATE
	22a. I certify that (IV sow the decease obove, I we) (c) 22b. SIGNATURE	ed alive on did)	view the body	ofter death.	ريد	d that in (my) (5 c) apinion of DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL DIRECTOR	STAFF PHYSICIAN				
230.	BURIAL, CREMATION, (SPECIFY) Burial		23b. DATE 25 JAN		AME OF C	EMETERY OR CREMATORY ill Cemetery	23d. LOCATIO	WN	COUNTY	18	ST	ATE
24. F	FUNERAL DIRECTOR R	Robert	G. Bea	ll Fungra	1 Hom	e 250. DATE		strar 25b. REGIS	-		PE -	4

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FOR - STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

79-02291

3. SEX	LUCILLE 4 RACE	DIFA	AZIO E OF BIRTH	20 DATE OF DEATH MONTH Jan 6. AGE (IN YEARS LAST BIRTHDAY)	. 1, 1979 8.30
Female	Cauca	MOI	NTH DAY YEAR	77	MONTHS DAYS HOURS MIN
70. BIRTHPLACE STATE O		WHAT COUNTRY? 8	7,1907	9 BALTIMORE CITY OR CO	VRS. DUNTY OF DEATH
New York		S.A. WIDON	NED NEVER MARRIED NEVER MARRIED NORCED	Prince George	
10. CITY OR TOWN OF D	DEATH 11. NAME OF	HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPATION	12b. KIND OF BUSINESS
Lanham	Doctor	S' Hospital of	f P.G. County	(TYPE OF WORK FOR MOST OF WORK Packer	Produce
USUAL RESIDENCE (IFN	2	N, GIVE RESIDENCE BEFORE ADMISSION	N)	13e STREET ADDRESS	TTOOLICE
Maryland	Pr. Geo	Bowie	13d. INSIDE CITY LIMITS?	12302 Fir Tr	ee Lane
14 FATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN NA		LAST
Michael	MIDDLE	Inzeo	Rose	WIDDLE	Martino
160 WAS DECEASED EV (YES, NO OR UNKNOWN)	ER IN U.S. ARMED FORCES? (IF YES, GIVE/WAR OR DATES)	166 SOCIAL SECURITY NO		ADDRESS	
no	n/a	096 20 7690	Theresa Domin	nici Same as	# 13
underlying cou	use lost.	OR AS A CONSTOUENCE OF	UZNOT RELATED TO THE TERM	NAVOUS ASE OR CONDICTO	GRALL PART 1(a)
underlying cou	INFO LOST.	OR AS A CONSTOUENCE OF	un	IN	G JELLE PART 1(o) IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
underlying cou	SNIFIC SIT CONDITIONS CONTRATION 196. CONT	ONTRIBUTING TO DIATH BU	ION WAS PERFORMED	YES NO	. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
PART 2 OTHER S	GNIFIC AIT CONDITIONS CONTRATION 19b. CONTRATI	OF INJURY	ION WAS PERFORMED	IN	. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
PART 2 OTHER S	SNIFIC AT CONDITIONS C	OF INJURY 2.M. 15 C.F. INJURY C.F. INJURY C.F. INJURY	2) C. HOW INJURY OCCURI	YES NO PROPERTY IN IT	. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO TEM 18, PART 1 OR PART 2)
Underlying COUNTY OF THE PROPERTY OF CONTRIBUTING [IFEITHER, NOTIFY ME 21d. INJURY OCCU	SNIFIC AT CONDITIONS C	OF INJURY A.M. MONTH DAY YEAR P.M. 15	ION WAS PERFORMED R 21c. HOW INJURY OCCURI	YES NO	. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
PART 2 OTHER S) 190. DATE OF OPEI 190. DATE OF OPEI 210. ACCIDENT WAS I OR CONTRIBUTING [(IF EITHER, NOTIFY ME WHILE NOTIFY ME AT WORK AT	SNIFIC AT CONDITIONS CONTROL OF STATE O	OF INJURY OF INJURY OF INJURY OF INJURY TREET, FACTORY, OFFICE, FARM, ETC.)	2) C. HOW INJURY OCCURI	YES NO PROPERTY IN IT	. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO TEM 18, PART 1 OR PART 2)
PART 2 OTHER S) 190. DATE OF OPEI 190. DATE OF OPEI 210. ACCIDENT WAS 1 OR CONTRIBUTING [(IF EITHER, NOTHEY ME WHILE NOTHEY ME 220. I certify that	UNDERCYING 19b. CONT UNDERCYING 19b. CONT CAUSE OF DEATH DICAL EXAMINER) JERED 21e. PLACE (AT HOME, S. (I) his hospital) ottended	OF INJURY OF INJURY OF INJURY OF INJURY TREET, FACTORY, OFFICE, FARM, ETC.)	216. HOW INJURY OCCURI	YES NO PROPERTY NOTES OF INJURY IN IT	. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO TEM 18, PART 1 OR PART 2)
Underlying COL	SNIFIC AT CONDITIONS CONTINUE AND	OF INJURY OF INJURY OF INJURY OF INJURY TREET, FACTORY, OFFICE, FARM, ETC.)	216. HOW INJURY OCCURING 216. HOW INJURY OCCURING 216. LOCATION STREET 217. LOCATION Ond that in (my) (our) opinion DEGREE ATTENDING	YES NO PROPERTY NOTES OF INJURY IN IT	COUNTY STATE- COUNTY STATE- 19 , tho (1) (we) 1 120. DATA SIGNED
Underlying COL	INAME (TYPE OR PRINT)	OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY REET, FACTORY, OFFICE, FARM, ETC.) The deceosed from	216. HOW INJURY OCCURING R 216. LOCATION STREET and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [226. ADDRESS	YES NO PREDICAL STAFF	COUNTY STATE- COUNTY
Underlying COL	INTERIOR OF THE PROPERTY OF TH	OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY REET, FACTORY, OFFICE, FARM, ETC.) The deceosed from	216. HOW INJURY OCCURING R 216. LOCATION STREET and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [226. ADDRESS	YES NO PREDICAL STAFF	COUNTY STATE- COUNTY STATE- 19 , tho (1) (we) 1 120. DATA SIGNED
Underlying COL PART 2 OTHER SI 190. DATE OF OPEI 110. ACCIDENT WAS INCOME OF OPEI 210. ACCIDENT WAS INCOME OF OPEI 210. INJURY OCCU WHILE NOTE AND AT OPEI 220. I certify that So OPEI 220. I certify that So OPEI 220. I CERTIFY THAT OPEI 220. I	SNIFIC NT CONDITIONS C	OF INJURY A.M. MONTH DAY YEA P.M. IS OF INJURY IREET, FACTORY, OFFICE, FARM, ETC.) The deceosed from y ofter death.	216. HOW INJURY OCCURING R 216. LOCATION STREET and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [226. ADDRESS	YES NO PREDICAL STAFF	COUNTY STATE- COUNTY
Underlying COL PART 2 OTHER S 190. DATE OF OPEI 190. DATE OF OPEI 210. ACCIDENT WAS I OR CONTRIBUTING [(IF EITHER, NOTHEY ME AT WORK AT 220. I certify thoy sow the Caco obove [1] by 22b. SIGNALM 22d. PHYSICIAN'S Lewis 23a. BURIAL, CREMATIO (SPECIFY) Buria	SNIFIC AT CONDITIONS CONTROL OF C	DITION FOR WHICH OPERAT OF INJURY A.M. MONTH DAY YEA P.M. 15 OF INJURY TREET, FACTORY, OFFICE, FARM, ETC.) The deceosed from 19 y ofter deoth.	216. HOW INJURY OCCURING R 216. HOW INJURY OCCURING STREET 216. LOCATION STREET 217. LOCATION STREET 218. ADDRESS 228. ADDRESS 831 Univ. B1	VES NOTE RED (ENTER NATURE OF INJURY IN IT CITY OR TOWN A to deoth occurred on the dote or MEDICAL STAFF DIRECTOR PHYSICIAN Vd, E., Silver 123d LOCATION CITY OR TOWN Bronx New	COUNTY STATE- COUNTY STATE- 19 tho (1) (we) 1 nd hour ond from the couses stoted 22c. DATE SIGNED T Spring, Md. 209

DHMH-16 50M 7/77 (VR A 15 (4))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-02292 - STATE CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME 20 DATE OF DEATH 2h HOUR (TYPE OR PRINTI SAMILEI DIFRANCIS 01 - 17 - 793 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) AONIHS DAYS 10-30-1907 White Male BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED & NEVER MARRIED COUNTRY PRINCE GEORGE'S U.S.A. Md. WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR PRINCE GEORGE S GENERAL CHEVERLY Ret. Electric mechanic BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 1186 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 3707 - 37th Place Md. Pr. Geo. Cottage Cityes K 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME and MIDDLE Vincent DiFrancis Lucy Testa 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS same as (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577-01-4456 Iva L. DiFrancis (Wife) above APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: PRESTON ST., IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF LIEBRE DISERRY Conditions, if any, which gove rise to immediate stoting the underlying couse DIVISION OF VITAL RECORDS, 201 RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(8) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS LISED. 190 DATE OF OPERATION pri IN CERTIFYING CAUSES OF DEATH? SNUMIN NO YES M šķ ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINERS PM 21f. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220 I certify that (1) (this haspital) attended the deceased from saw the deceased alive an_ and that in (m) (aur) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death DEGREE 22b. SIGNATURE 22c DATE SIGNED ATTENDING MEDICAL STAFF 1 - 17 - 79PHYSICIAN DIRECTOR PHYSICIAN 22d, PHYSICIAN'S NAME TYPE OF PRINTI 22e ADDRESS 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE 1-19-79 Ft. Lincoln Crematory Brentwood Pr. Geo. Md. Cremation 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75

Nalley's F.H.Inc. Mt. Rainier. Md.

(VR A 15(4))

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STATE OF MARYLAND

STATE OF MARYLAND 79-02294 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 2g. DATE OF DEATH 2h HOUR TYPE OR PRINT 1-20-79 2:06 R FRANK DOBBYN 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) June 21. 1911 White 67 Male To. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED KNEVER MARRIED England U.S.A. PRINCE GEORGE'S D CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR Sales Manager Oil Co. PRINCE GEO. GENERAL HOSPITAL CHEVERLY 9201 Montpelier Dr. Laurel 13d INSIDE CITY LIMITS? Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Oliver MIDDLE Jones Dobbyn Ann 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT 9201 Montpelier Dr. Yes, NO OR UNKNOWN) Lucile J. Dobbyn Laurel, Md. 20811 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY minutes DUE TO, OR AS A CONSEQUENCE OF RONARY Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 28b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE Tunuary 3 19 79 and that in (my) (doc) apinion death accurred on the date and hour and from the couses stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL FUNERAL uld be deta PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Launel 20610 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Alexandria, Virginia Cremation Metropolitan Crematory

FLECK LAUREL FUNERAL HOME; INC. 7601 Sandy Spring Rd. Laurel, Md. 20810

DHMH - 16 60M 1/75 (VR A 15 (4))

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

BALTIMORE, MARYLAND 21201

PRESTON ST.

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DIVISION OF VITAL RECORDS, 201

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nding physicion and completely filled in by the funeral director, page 3 corbangapers. Pages 1 and 2 should be filed within 72 hours ofter death

or other troumotic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows ony should be detoched for use os the buriol-tronsit perm with the State Dept. of Health and Mental Hygiene pr

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL RYCIENE

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	1 -	STATE REGISTRAR			DLI	CERTIF	ICATE OF DEATH	OILNE	REG. NO	19	-022	296	
1		EASED NAME	FIRST	٨	AIDDLE	L.	LAST	2a. DA	TE OF DEATH	HTMON	DAY YEAR	2b HOUI	R
	(ITPE	FRINT)	ANK		2	U	DOG/E	J	GNUARL	1	7 79		50) 4: M
3	3. SEX		4	. RACE	. ,	S DATE C	H DAY YEAR		(IN YEARS LAST BIRTY	DAY)	MONTHS DAYS		24 HRS MIN
8		MAIE		Whi	te	Juli	1 16 1900		13	YRS.	100		
7		THPLACE (STATE OR FO	DREIGN 71	CITIZEN OF	WHAT COUN	MARRIE	DE NEVER MARRIED	9. BALI	IMORE CITY OF	COUNT	OF DEATH		
2	We	est Virg	inia	(15h	2	WIDOWE	DI DIORCED	DI	CINCE	6	eorge		MD.
1	10 CI	Y OR TOWN OF DEA	ATH I			URSING HOME C	OR OTHER INSTITUTION		UAL OCCUPATION WORK FOR MOST OF			OF BUSINE	SSOR
	F	DRRESTUI	IE	Rece	necl	NUR	sine Home		Retired	WORKING	ÜS	Gov'	t
1	13a S	L RESIDENCE (IF NURS	13b, COUNT	THER INSTITUTION,	13c. CITY OR		134. INSIDE CITY LIMITS?	13e. STF	REET ADDRESS				
5	17/10	Ryland	PR. 62	orge	Dist.	Haths	YES NO	192	9 G/E.	nov	ORO S	7.	
٦	14. FA	THER'S NAME		DDLE			15. MOTHER'S MAIDEN N						
0		Clevelan		DOLE	Doylas		Fred	la	Ма	У	Tal	lman	
7	16e W	AS DECEASED EVER	IN U.S. ARM	ED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT		ADDRES	San	gora	De.	
1	17	Yes	1928	-1929	232	01 297	GARLI E MICH	10.	halton	han	n sel.	2060	23
1		18 CAUSE OF DEAT	H (Enter only	one couse per	line for (a), It	b), and ic					APPRO	XIMATE INTER	VAL
1		PART I. DEATH W	AS CAUSED	BY:	TATOR	10.50/1	satie &	1000	4 dis	1110	26/	15-1-1-1	
		410	IMMEDIATE		· · · · · ·								
		Conditions, if ony,	bitab	DUE TO, OF	R AS A CONS	SEQUENCE OF							
1		gove rise to imn	nediote	(b)	1.013								
1		couse (a), statin		DUE TO, OF	R AS A CONS	SEOUENCE OF							
1				(c)								-	
	z	PART 2. OTHER SIGN	NIFICANT CO	ONDITIONS CO	ONTRIBUTING	STO DEATH BUT	NOT RELATED TO THE TER	RMINALDI	SEASE OR COND	ITION G	IVEN IN PART 1	(01	
4	CERTIFICATION	190 DATE OF OPERA	TION	TION CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED	200	AUTOPSY?	20h IF YE	ES, WERE FIND	INGS LISED	
)	FIC.	THE DATE OF CIERA	11011	178 CONDI	TIOTT OK T	men or Ekano	TO ASTERIOR MED			IN CERT	IFYING CAUSE	S OF DEAT	H?
	RT	AL ACCIDENT MASS INTE	SERVINIO (T)	21b. TIME O	F (b) IIIDV		Tal. How the rupy occur	YES			res 🗌	NO [
		OR CONTRIBUTING		110110 4		DAY YEAR	21c. HOW INJURY OCCU	JKKED IEN	TER NATURE OF INJURY	IN ITEM 18,	, PART 1 OR PART 2)		
	V V	I IF EITHER, NOTIFY MEDIC	AL EXAMINER)	P./		19				10/03	A. Trial		
	MEDICAL	21d. INJURY OCCURI		21e. PŁACE (FFICE, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOW	٧	COUNTY	STA	ATE
1		AT WORK AT WO	ORK U		12.00								
		22a.1 certify that (1)			e deceosed f	rom 12 -	15 19 2	8_, 10.	1 - 7		, 19.23	, that (I) (w	ve) lost
		sow the decease above, (I) (we) [c	ed alive on_	view the body	ofter death	19_74_,01	nd that in (my) (our) opinio	n deoth oc	curred on the do	te and ha	our and from the	couses sto	ited
		22b. SIGNATURE	1	7 1 (In		DEGREE			174.	22c. DAT	ESIGNED	
			00	ndre	1x	MO	ATTENDING PHYSICIAN		TOR PHYSICI		1-	7-7	9
1		22d. PHYSICIAN'S NA	AME (TYPE OR F	PRINT)	()	Q E PLANT	220 ADDRESS						
		Andre	Laz	M.D.			9401 India		ead Hwy	, 0	xon Hi	11,	Md.
	23a B	URIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY		LOCATION CITY OR TOWN	-	COUNTY	SIA	TE
	,	Burial		10Jan	1979	Fort L	incoln Cem	. B:	rentwoo	d	PG	Md	- 0

24 FUNERAL DIRECTOR Robert E. Wilhelm Funeral Home 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Suitland, Md.

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician

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death. Page

executed within 24 hours ofter

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo retained by the haspital or attending physician. And director, page 3

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fun should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTAINT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR		VETAKIME	CERTIF	ICATE OF DEATH	REG N	19-0	229	1
1	1 DECEASED NAME FIRST	Irene	MIDDLE Doolitt	le	AST East	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
1	IRENE		D	EAS	T		1 24	79	7:45A M
١	3. SEX	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
1	Female	White	36-25	Dec	. 24, 1902	76	YRS	NTHS DAYS	HOURS MIN
,	TO BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	3		9 BALTIMORE CITY O		FDEATH	
3	Virginia	USA	The Later of	MARRIEI	D NEVER MARRIED DIVORCED	PRINCE GE	ORGE'S	COUNT	Y MD
1	10 CITY OR TOWN OF DEATH		HOSPITAL, NURSING	HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON	125 KIND C	OF BUSINESS OR
4	CHEVERLY		E GEORGE STREET AD		HOSPITAL	Machine Op	erater	Cotto	n Mill
1	USUAL RESIDENCE HE NURSING HOME OF	OTHER INSTITUTION	, GIVE RESIDENCE BEFORE A	DMISSION)					
	Virginia Pitt		Danvill		YES NO [207 Gatew	ood Ave	enue	
1	14 FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		LAS	-
1	George Washing	ton Doo.	little		Sarah	Speaks			
,	160 WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECURI	TY NO.	17 INFORMANT	ADDRE			
	No.	E WAR OR DATES	225-26-81	53	Yvonne E. Ca	ampbell, Da	ughter,	Lanha	n, Md.
1	18 CAUSE OF DEATH (Enter or	ly one couse per	line for (a), (b), and	С				APPROX	IMATE INTERVAL
ı	PART I. DEATH WAS CAUSE	D BY	CARDI		ARREST			77	New
	14 de la					0 0			
١	Conditions, if any, which	DUE TO, O	R AS A CONSEQUEN	les	the cardo- v	esce las isse	ere	1 yea	us
1	gove rise to immediate couse (a), stating the) (0)	T C V C I E V					/	
1	underlying couse lost	DUE TO, O	R AS A CONSEQUEN	CE OF				1.90	
1	PART 2 OTHER SIGNIFICANT	ONDITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 10	0
I		5	Malerton	Illa	ollibas				
5	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH O	PERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	VERE FINDI	NGS USED
4	JE I	216.78				YES TO NOT	YES (NG CAUSES	OF DEATH?
1	210. ACCIDENT WAS UNDERLYING	21b. TIME C			21c HOW INJURY OCCURR			1 OR PART 2)	
ı	OR COLUMNIA CALLER OF THE	AID	M. MONTH DAY		Mark The Park				
1	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	21e PLACE	M. OF INJURY	19	211 LOCATION	The state of the s			
1	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, FAR	M, ETC.)	STREET	CITY OR TOV	N	COUNTY	STATE
1	220.1 certify that (I) (this hosp:	tal) attended th	o despesad from		10 14	10	24 10	19	that (I) (we) last
ı	sow the deceased alive on	Jan	- 18 19 7	9 0	nd that in (my) (our) opinion o	deoth occurred on the do	ate and hour o		
ı	obove (1) (we) (did) (did no	t) viewlike body	ofter death		DEGREE			22c. DATE	
1	M NASP.	1	1		ATTENDING	MEDICAL STAF		220.0010	6.313
4	22d PHYSICIAN'S NAME (TYPE O				PHYSICIAN L	DIRECTOR PHYSIC	IAN	1 - 2	4-/9
1			@ A ur 1		7.14 D. (16	Not live	-0.44	- 11	4-1
4		LEISCH			1/4/1/10/10/15	ICU NYA	112111	IE M	01.
1	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	cc	UNTY	STATE
		1/27/7	9 Flo	ral I	Hills Mem. Gar				
	24 FUNERAL DIRECTOR Swicegood Funera	77 7	ADDRESS P	.O. I	Box 3364 25 PET	REGID. BY REGISTAR	25h. REGISTRA	R'S STENA	DRE
ı	DWIGEGOOD runera	L Home,	nc. Danv	ille	, va. 24541		/		

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79-02297 Le de la lacte de la lacte de The darker of the second of th Calendary Company Lorent bos of the St. 2

STATE OF MARYLAND 79-02298 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 20 DATE OF DEATH 2b. HOUR (TYPE OR PRINT) Estelle Lawson EDWARDS 22 79 4:30a3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR HOURS Female Caucasian March 15 BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED KNEVER MARRIED Maryland U.S.A. Prince George's WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY filed Riverdale Eugene Leland Memorial Housewife Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION) ould be 13h COUNTY 13r. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Pr. Geo. Seabrook 7015 96th Avenue 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME N MIDDLE LAST FIRST MIODLE p Adelbert Lille Lawson Burdette ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Same as #13 n/a Eleanor Brodie no APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: Acute cerebrovascular occlusion 4 days IMMEDIATE CAUSE (a. DUE TO, OR AS A CONSEQUENCE OF Old stroke 18 months Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, CERTIFICATION prior 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED. 78e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [riol-tronsit p sho 71g. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) 71h TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mentol (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from. saw the deceased alive on, and that in (my) (corr) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did not) view the bady after death 22b. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING STAFF mou 1 - 22 - 79PHYSICIAN A DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 77e. ADDRESS C. J. Houmann, M.D. 4404 Queensbury Rd., Riverdale, Md. 20840 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 24 JAN 79 Hyatt Town Cemetery Burial Hyatt Town, Maryland 24 FUNERAL DIRECTOR Robert G. Beall Funeral Home 250. DATE REC'D. BY REGISTRAR 251 GISTRAR'S IGNATURE DHMH - 16 50M 7/77 **JAN 24** 9013 Annapolis Rd. Lanham, Md. 20801 phillips. (VR A 15 (4))

STATE OF MARYLAND

T-82-10 PROPERTY OF THE PARTY O ris cu l'I YT LOO 2'- 1900 to 199 The state of the s 1.-1-Bearing post include the description

1	1	FOR STATE REGISTRAR		DEPARTM	NENT OF H	EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 79	023	00	
ner occom		CEASED NAME FIRST		MIDDLE	L	AST	2a. DATÉ OF DEATH	MONTH DA	Y YEAR	2b. HOUR
		PEA	RL G	ERTRUDE		ELLIS	JANHARY	6.	1970	5 1
A	3 SE		4 RACE		S. DATE O		& AGE (IN YEARS LAST BIRT	_	UNDER I YEAR	IF UNDER 24 HRS
		FEMALE	WHIT	E		10,1891	87	YRS	JAINS DATS	HOURS MIN
e de		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY (
320		MARYLAND	U.S.	Α.	WIDOWE	DIX DIVORCED	PRINCE O	GEORGI	co.	N
0/0	10 C	LANHAM		HOSPITAL, NURSING		ROTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF	ON F WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS O
500	-	PHAT GEORGES	DOCTOR	S HOSPITA	1		HOMEMAKET			
must be	USU/ 13a S	LESIDENCE (IF NURSING HOME OF TATE 136 COUR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN WASHING	V 1	134 INSIDE CITY LIMITS?	134. STREET ADDRESS 2425 NEG	UTON S	TREET,	N.E.
14 /2	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	NE .			
000		JOSEPH	MINDLE	PYLES		AMANDA	WIDDLE		PAD	GETT
		AS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17 INFORMANT SON	ADDRE	ss MA	RYLAND	
medico 3	(ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	577-84-	3705	EARL L. ELLT	IS. 10423 CL	EARY LA	ANE, MIT	CHELLV
t, the		18 CAUSE OF DEATH (Enter or	ly one couse py	tine for (o), (b), and	licu.	11	٨: ٦٦			ATE INTERVAL
even		PART I. DEATH WAS CAUSE IMMEDIA	E CAUSE (D)	song	نابعه	ne Head	(foul	me		
troumatic		486-	DUE TO, O	RASA SONSEQUE	NCE OF	1 00	1			
E o		Conditions, if ony, which	(b)_	Far	e l	wiffer	may.			
r other tr		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, O	PAS A CONSEQUE	NCE OF	is left	winds/ lo	lind	lung.	
njury, o	Z O	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONI	DITION GIVE	N IN PART 110	
ouy.	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	206. IF YES,	WERE FINDING	GS USED
3	TIFK		`	_	-		YES NO NO	IN CERTIFY YES	ING CAUSES (NO [
ked or Item 18 shows	CER	21a. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DA	V VEAD	21c HOW INJURY OCCURR		Y IN ITEM 18, PAR	T I OR PART 2)	
Item 18	AL	OR CONTRIBUTING CAUSE OF DEA		M. MONTH DA	19					
0	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	PM ETC.)	21f LOCATION	CITY OR TOW	/N	COUNTY	STATE
morked	Æ	AT WORK AT WORK	(A) NUME, SII	NELT, FACTORY, OFFICE, FA	nn, ercij		CIII ON ION			SIAIC
s ao		22a I certify that (1) (this hospi			12.	26,1979		<u> </u>	79.11	not (I) (we) lo
21		sow the deceased alive on above, (1) (we) (did) (did no	t) view the body	ofter death.	7.00	d that in (my) (our) apinion d	eoth occurred on the do	ote and hour	and from the co	ouses stated
hem		22b. SIGNATURE			٦ (DEGREE			22c. DATE S	IGNED
±						ATTENDING PHYSICIAN	MEDICAL STAF	IAN 🗌		
		226. PHYSICIAN'S NAME (TYPE O		**		22e ADDRESS	1 tour	1 1)
Z / /			1 - 1/1	NOWO	23	5508 DOG	Jupy TR K	0 - 1	aug	Ju-cuk
MPORTAN		CIRO F	1			03000		-(
IMPORTANT	23a. E	URIAL, CREMATION, REMOVAL PECKY BURIAL	23b. DATE 1/9/7	T23c N		EMETERY OR CREMATORY TON NATIONAL	SUTTEAND	PR	PunGEO.	stMD.
WPORTAN	(1	URIAL, CREMATION, REMOVAL PECIFYBURIAL	23b. DATE 1/9/7	9 23c N	SHING	EMETERY OR CREMATORY TON NATIONAL 25a. DATE		-	- 2 -	STMD.

UND TUNKERAL VIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directal should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filed within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. must be natified

injury, or other troumatic event, the medical exam

IMPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND FOR STATE

24 FUNERAL DIRECTOR Robert G. Beall Funeral Home 9013 Annapolis Rd. Lanham, Md. 20801

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02302

250 DATE RECD. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

REGISTRAR				CEKITI	ICATE OF DEATH	REG. I	10.	000	
DECEASED NAME	FIRST	A	AIDDLE	Ĺ	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	ICHARD		J	EVE	RETT		1	31 79	9:45A
3. SEX		RACE		5. DATE C		6. AGE IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEA	
Male		Caucas	ian	Sept	/	52	YRS	MONTHS DAY	S HOURS MIN
BIRTHPLACE (STATE OR FO	DREIGN 71	CITIZENOF	WHAT COUNTRY?	8 MARRIE	D S NEVER MARRIED	9. BALTIMORE CITY	OR COUN	ITY OF DEATH	g a jac
Mass.		U.S.	Α.	WIDOWE		PRINCE G	EORGE	'S COUN	ITY "
OF DEA	TH 1		OSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCCUPA	TION	126. KIND	OF BUSINESS O
CHEVERLY	P		GEORGE'S		OSPITAL	Foreman		Ceco Ste	
JSUAL RESIDENCE HENURS	ING HOME OF O	THER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)	1 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			Street St
Md.		Geo.	College		YES X NO	9330 Che		Hill Rd.	Apt 3
FATHER'S NAME	44.15	DDLE	LAST		15. MOTHER'S MAIDEN NA/	ME			LAST
Claude	mil	C		rett	Merle	MIDDLE			rsden
WAS DECEASED EVER	IN U.S. ARM		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADD	RESS	WILL COLOR	
Yes	WW		027 20 2	2474	Margaret Eve	erett Same	as #	13	
18. CAUSE OF DEAT	H (Enter only	one couse per	line for (a), (b), and	dicut				APPRI BETWEE	OXMATE INTERVAL IN ONSET AND DEATH
PART I. DEATH W	AS CAUSED IMMEDIATE		Cardi	0-80	Simpuri	the Inve		4	18 KY3
11,29	MINIEDINIE	(C)	R AS A CONSEQUE	NICE OF	. 0			34 (34)	~
Conditions, if any,	which	(b)	Small	Me	curvinm	at the	m	x 6	mm / -
gove rise to imm	nediote	DUE TO OF	R AS A CONSEQUE					9	
underlying couse		(10, 01	CAS A CONSEQUE	INCE OI				_ 1	
PART 2. OTHER SIGN	NIFICANT CO	NDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION	GIVEN IN PART	1101
NO NO									
NO 19th DATE OF OPERA 21a. ACCIDENT WAS UNIT	TION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		YES, WERE FIN	
Ĭ I		11913				YES NO	III CEN	YES [NO [
210. ACCIDENT WAS UNI		216. TIME O	FINJURY M. MONTH DA	VEAD.	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM	18, PART 1 OR PART 2	2)
OR CONTRIBUTING		P./		19					
I IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURI		21e. PLACE	OF INJURY		21f. LOCATION	CITY OR T	OWA	COUNTY	STATE
WHILE NOTW	HILE D	I AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC.)	SIREE	CHTORI	DWN	COUNTY	STAIL
22a.1 certify that (1)	(this hospito			1-	29- 1979	, to\ _ 3	/-	1979	_, that (I) (we) la
saw the decease				,01	nd that in (my) (our) opinion	death accurred on the	date and l	hour and from t	he couses stated
22b. SIGNATURE	ilai (ala liot)	view the body	arrer deam.		DEGREE			22c. DA	TE SIGNED
	w	Bu	nox m	5.	ATTENDING PHYSICIAN	MEDICAL ST	AFF		
22d. PHYSICIAN'S N.			- U		122e ADDRESS				1 1 1
WAHM	11000	HAL	BAIL		3450 FO	down tr.	159	· ran,	m wa
23a. BURIAL, CREMATION,	REMOVAL	23b. DATE	[23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
SPECIFY Ruriel		2 FEB			coln Cemetery	Brentwo	T bo	COUNTY	STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

*TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

1 31 74 9:49	TY397V3	L CSA O	DI VI
	13, 195	pelapera	4
YTHING BEIDROOD DAILING			.000
Breeze Cook Street Dr.	JAT 1920 1 100 21	LOBINCE GEORGE	VARVEIO
Loga . D. Little result offer	The Andrews	es. less frags	
Edwarf			o Ve
El 9 de cest donc	ova de vir com di vis di	Company of the second	1.05
	and wanted to		

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE KNOWN P 2b. HOUR (TYPE OR PRINT) OF amue. DEATH MATED 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR 2c. DATE LAST BIRTHDAY PRONOUNCED DEAD 70. BIRTHPLACE (STATE OR FORFIGN COUNTRY) 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Technical Engineer U.S.I.A. Cheverly Prince Georges General Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13e. STREET ADDRESS-13d. INSIDE CITY LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Rubin Felsinger Yetta Fortgang 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESI lver Spring, Md. (YES, NO, OR UNKNOWN) Lillie Felsinger, 824 Arrington Drive No unknown CAUSE OF DEATH (Enter anly one cause per lige for (a), (b), and (c). he Cordes Vascular disea PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, it any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) IFICATION 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? VARDED TO THE CIAGE 3 SHOULD BE ATE DEPARTMENT COLOR PRIOR TO BURIA 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e. PLACE OF INJURY (AT HOME. 11. LOCATION STREET, FACTORY, FARM FTC 1 STREET CITY OR TOWN STATE COUNTY WHILE AT WORK 22s. I certify that I taak charge of the remains described above, held an Autopsy Inspection death resulted fram: Natural causes Hamicide Undetermined manner DIRECT TITLE (SPECIFY) ACTUAL TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA Deputy SIGNATURE MEDICAL EXAMINER 12800 Willow Wind Ci EXAMINER'S NAME AUGUSTOP. RODRIGUEZ 236. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 1 - 15 - 79New Montefiore Cemetery Pinelawn, L.I., New York Burial ADDRESS Rockville, Maryland 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) Danzansky-Goldberg Chapels, 1170 Rockville Pike 15M 7/77

79-02303

NOTIFIED

EXAMIER

MEDICAL

injury, ar ather traumatic event, th

IMPORTANT: If Item 21 is marked or Item 18 shows any

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remave carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

70-02304

1	REGISTRAR					REO. N	9 0	200		
	CEASED NAME FIRST	MI	DDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
	FRA	NK A	FLA	NAGA	N	0	1-17-	-79	5:30AM	
3. SE.	X	4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR	(HDAY)	MONTHS DAYS	IF UNDER 24 HRS	
	Male	Whi	te	MONTE	4/99/98 YEAR	80	YRS.	MONTHS DATS	HOURS MIN	
	RTHPLACE STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	MARRIE	# NEVER MARRIED	9 BALTIMORE CITY C	R COUNT	Y OF DEATH		
1	Jash DC	1.S.A.	,	WIDOWE	D DIVORCED	PRINCE	GEORG	SES	MD.	
10 C	TY OR TOWN OF DEATH	CIE NOT IN SUCH	FACILITY GIVE STREET AD	DRESSI	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O		12b KIND (OF-BUSINESS OR	
	CHEVERLY				RAL HOSPITAL	Lawyer		INDUSTRY	red	
13a S	AL RESIDENCE (IF NURSING HOME OF	YTY	13c CITY OR TOWN		138 INSIDE CITY LIMITS?	13e STREET ADDRESS				
4	ma r.g	. (0.	Mt Rainie	r	YES PO D	4511 32nd	t			
	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		LA	ST	
-	gust Flanagan				(atherine F	Lanagan			ainiaer M	
0	VAS DECEASED EVER IN U.S. AR	E WAR OR DATES)	66. SOCIAL SECURI		17 INFORMANT					
	No No			66A	Ms Kathrum F	1 Flanagan 4	511 3			
	18 CAUSE OF DEATH lEnter only one cause per line for (a), b, and c PART I, DEATH WAS CAUSED BY.								ONSET AND DEATH	
	IMMEDIATE CAUSE (0) Belateral bornehopmenonia									
	4/40 DUE TO, OR AS A CONSEQUENCE OF									
	Conditions, if any, which gove rise to immediate									
	couse 10), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost.									
	(c) (A·) (A·).									
Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
CERTIFICATION	190 DATE OF OPERATION	N WAS PERFORMED	20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED							
E				IFYING CAUSES (ES 🗍	YING CAUSES OF DEATH?					
1 8	210. ACCIDENT WAS UNDERLYING	21b. TIME OF			21c HOW INJURY OCCURR	YES NO		the said		
	OR CONTRIBUTING CAUSE OF DEA									
MEDICAL	21d. INJURY OCCURRED	21e PLACE O	F INJURY		211 LOCATION			COLUMN		
Z	WHILE AT WORK AT WORK	(AT HOME, STRE	ET, FACTORY, OFFICE, FAR	M, ETC.)	SIREEI	CITY OR TO	VN	COUNTY	STATE	
	220.1 certify that (I) (this haspi	tal) attended the	deceased from		July 19 75		17	19.79	that (I) (we) last	
	saw the deceased alive on and from the causes stated abave, (1) (we) (did) (did not) view the body ofter death.									
	22b. SIGNATURE DEGREE								SIGNED	
	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									
	22d. PHYSICIAN'S NAME (TYPE O	the ble le								
	SURESH C.	GUPTA M.	D.		3503 PERRY	ST. MT. RA	INIER	, MD.	17.51	
23o. E	SURTAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE	
	Burial	1/20/	79 F.	t Li	ncoln (em	7.9. Co	Md		4.018	
24 F	INERAL DIRECTOR W.K.H.	untemann	& Son	11	250. DATE	REC'D. BY REGISTRAR	256. REG.	RAR'S SIGNAT	TURE	
57	32 Georgia Ave I	N.W. Mash	, D.C. W	TA	muferian J	an 24 1979	po	often / De	Wheel,	

DHMH - 16 60M 1/75 (VR A 15 (4))

retained by the hospital or attending physicia TO HOSPITAL OR ATTENDING PHYSICIAN

E-1-1

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWIKK TYPE OR PRINTI NANCY JEAN. FIRMING DEATH MATED 19 79 IRECTOR. UR FILES. 2 HOURS 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR 3. SEX S DATE OF BIRTH 1F UNDER 24 HRS DATE Sept. 17,1958 PRONOUNCED DEAD 1979 female white 76. CITIZEN OF WHAT COUNTRY? Ta. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED FOREIGN COUNTRY) Wash., U.S.A. WIDOWED DIVORCED Prince George's County ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Kenilworth Ave. Prince George's General Hospital Car Wash Cheverly JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS
6126 Montrose Road 30. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 21201 Prince Georges Maryland Cheverly YES KOK NO 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE William Fleming Barbara Jean Jones 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Cheverly DIVISION LYES NO OR LINKNOWNY 212-68-6673 William Fleming, 6126 Montrose Rd., Md. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple injuries IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. CREMATION, O DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [6] CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL. YES XX NO BE E DEPARTMENT 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TO OR HOUR A.M. MONTH DAY YEAR MEDICAL CONTRIBUTING CAUSE OF DEATH 10:21 PXXX 1-17-Driver in auto-tractor trailer collision. 21e PLACE OF INJURY (ATHOME. 21f LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE I Prince George's 220. I certify that I taok charge of the remains described above, held on ond in my opinion Inspection Inquiry X Undetermined manner deoth resulted from: Noturol couses TO MEDICAL EXAN EXECUTE THE CERTIPED FOR A SHOULD FOR TO FUNERAL DIRECTORY, WITH BALTIMORE, MARYL. TITLE (SPECIFY) ACTUAL MD Assistant MEDICAL EXAMINER 1-19-79 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE Jan.20,1979 Ft. Lincoln Cemetery Burial Brentwood, P.G., Maryland 250. DATE REC'D. BY REGISTRAR 256. POSTRAR'S SANATURE 14 ROBETTE GOR Beall Funeral Home **DHMH - 17** (VR A15 ME (5)) 9013 Annapolis Road, Lanham, Maryland 30M 7/73

North Company

ب نیز

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-02306								
	1 DEC	REGISTRAR CEASED NAME FIRST	MIDDLE		AST	2a DATE OF DEA	G. NO.	DAY YEAR	2b. HOUR		
		OR PRINT)		71-	n	IN DATE OF DEA	1	5 AT0	NO P		
	8.054	Rose	eah A.	THE	OF BIRTH	A AGE (INIVERDEDE	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 2				
	3. SEX	D. TEMASE	1 1	MONTH		IO. AGE (INTERRSEA	7 (MONTHS DAYS	HOURS MIN.		
		White)	WH. FE	Sun	e 13 04		7 YRS.				
30		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUN	MARRIE	D NEVER MARRIED	9. BALTIMORE CI	TY OR COUNT	YOFDEATH			
15		VA.	U.S.	WIDOWE		TriNCE		orges	MD.		
).	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE	URSING HOME (STREET ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCU			F BUSINESS OR		
10	4	ANHAM	~	-HERS /	Vursing Ho	AF Hous	ewife				
	USUA 130. S	L RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE		1 13d. INSIDE CITY LIMITS?	13e STREET ADDR	ESS a a				
35		md. P.G	Forris	Toille	YES NO		rak Illa	mla	M		
	14. FA	THER'S NAME			15. MOTHER'S MAIDEN N.	AME		3 12 37 3			
100		Unknown	MIDDLE LAS		Agne	MID	DLE	Unkr	OWTO		
Ja vi	AUGU			SECURITY NO.	17 INFORMANT		DDRESS 2/		GlenWay		
1	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)				Edward J.	Fleming	(son)	Forest	ville Mo		
	_		Unkn		Hawara b.	1 10111119	(5011)				
		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for (0), () DBY:	b), and (c).	en al.			BETWEEN	MATE INTERVAL ONSET AND DEATH		
	- 4		E CAUSE (0)	7/	Shakder		142				
	1	1889	DUE TO, OR AS A CONS	SEQUENCE OF		0					
9.3	100	Conditions, if ony, which	(16) Hea	nt to	ulure :	day					
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	SEQUENCE OF	A .	C					
		underlying cause lost.	((c) CA.	of Bla	alder						
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)									
	NO NO										
	CAT	19a. DATE OF OPERATION	19b. CONDITION FOR W	NDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
9	Ĭ.					YES NO NO					
-	CERTIFI	21a. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCU	RRED (ENTER NATURE O	F INJURY IN ITEM 18.	, PART 1 OR PART 2)			
9		OR CONTRIBUTING CAUSE OF DEA									
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211. LOCATION						
	WE	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	STREET	CITY	STATE				
	10	AT WORK		10000	1 14 10 M	-	4	19	- Lecture		
	5 3	22a.1 certify that (1) (this haspi	(al) attended the deceased t	1979 D	nd that in (my) (pur) apinion	, to 50	h - d-4 d h-		that (I) (we) last		
		spw the deceased plive on above, (I) (we) (did) (did no	t) viewake body after death.			n depth occurred on	ne dote pha no				
	200	22% SIGNATURE DEGREE 272. DATE SIGNED ATTENDING MEDICAL STAFF									
		Ola an	1.		PHYSICIAN DIRECTOR PHYSICIAN DAMES						
		29 PHYSICIAN'S NAME	PARINT		22e. ADDRESS						
1		Leon R. L	evitabel.		13408 Rhod	e Islando	aul., m.	#, Kan	er, md		
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	1	50UUT 20	STATE		
	(5	Burial	9Jan1979	Arling	gton Nation	al Arli	ngton	Arl	Va.		
	24 FL	INERAL DIRECTOR ROBE	rt E. Wilhe	lm Fune	ral Homesa. DA			SIRAR'S SIGNAL	HRENT		
		NAME RODE	Sui+lan	d Mars	zland	A TT 1313			/ "		
Suitland, Maryland											

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1 -	FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 7.9-02307							07		
		DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 H								26 HOUR	
É		KATIF		F	ER		01 07	79 JNDER LYEAR	2:00P M		
	3 SEX	Female Black			5 DATE C		6 AGE (IN YEARS LAST BIR	# UNDER 24 HRS HOURS MIN.			
7	76 BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY) Maryland USA				MARRIE	D NEVER MARRIED	PRINCE GEORGE'S COUNTY				
A	10 CI	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET PRINCE GEORGE'S			G HOME C	OR OTHER INSTITUTION	126 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
Ė		A RESIDENCE HE NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	h Str	eet		
1		THER'S NAME William Flet	cher	LAST			Franklin	LAST			
	16a W	/AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIVE					06 9th Street				
		no	1			Mrs. Elizabeth F. Johnson Md. APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH					
		PART I. DEATH WAS CAUSE	D BY: C AUSE (a)	RESPIT	2 ATI	SRY ART	RY ARREST				
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF A CUDOSIS DUE TO, OR AS A CONSEQUENCE OF A CUDOSIS									
	NOI	PART 2 OTHER SIGNIFICANT (SE 11	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	OT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAR				
)	CERTIFICATION	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATI								E FINDINGS USED CAUSES OF DEATH?	
		2 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	TH HOUR A.	FINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURR	13.00				
	MEDICAL	WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC.)	21f. LOCATION STREET	CITY OR TOV	COUNTY STATE			
		220.1 certify that (1) (this haspital) attended the declased from 19 to 10 to 19 to									
		22b. SIGNATURE),			DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN					
		22d. PHYSICIAN'S NAME (HYPERPAIN) 220 ADDRESS 210 ADDRESS 210 ADDRESS 210 ADDRESS 210 ADDRESS 210 ADDRESS								Mobrier	
	(5	URIAL, CREMATION, REMOVAL PECIFY)	236. DATE 1/11			EMETERY OR CREMATORY	Brentwo	od, Mar	ÿlan	d STATE	
		Stewart Funer	al Hor	1001 ne-4001	Benn	ing Road, NE	REC'D. BY REGISTRAR	256. REGISTRAF	's signat	URE	

DHMH - 16 60M 1/75 (VR A 15 (4))

. W. bear and make die . - make week at

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME LAST 26. DATE OF DEATH TYPE OR PRINT Jan 23, 1979 Clarence Fogle 3. SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH DAY DAYS male white Sent 26, 1898 80 Ja. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince Georges County II S A Maryland ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) UND STROST OFFICE Hyattsville, Md DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
1130. COUNTY
131. CITY OR TOWN
140. The Georges Hyattsvillo 136 COUNTY ro Georges 1349F4 ADDRESSth ave,. 13d. INSIDE CITY LIMITS? Hyattsville YES | NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Charles E Fogle LAST Elizabeth Horning 66 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Pearl A Fogle Hyattsville, Md. No 579 05 6117 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0 Conditions, if any, which gove rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? NO IT NOIZ 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY M CALEXAMINER) 19 21e. PLACE OF INJURY 21d. INJURY OCCURRED (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE 220.1 certify that (1) this haspital) attended the deceased frame sow the deceased alive on. and that in (my) (dur) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL Should be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 226 PHYSICIAN'S NAME (TYPE OF PRINTY 22e ADDRESS verdale 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION, REMOVAL 23d. LOCATION 23b. DATE Brentwood (SPECIFY) Pro Georges Md. Jan 26, 1979 Ft Lincoln Cemetery Burial BY REGISTRAR 256-REGISTRAR SEGULTURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 P. Gasch's Sons P A Hyattsville, Md. (VR A 15 (4))

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STATE OF MARYLAND

and described the resident to the second state of the second state Hat y Louid Anne Arreydellers odd - x a 1475 H Largesdin Court minim control oligin Yes I Mill 578-07-676 Trene D. Lollin Some he f 'S s-o. A - If let well but become in THE PARTY OF THE P William to the state of the sta arms . I then I have Purchas 19.77 maintain con religion to the design of the land

- 5	OR			DEPART	MENT OF H	E OF MAR	ID MENTA	L HYGIEN	NE .	7.0	0.2	9 1	0	
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	EASED NAME	FIRST		WIDDLE		LAST			2e. DATE	KNOWN	X MC	нтио	DAY YEA	R 2b H
(ITPE	OK PRINT)	MELI	VIN	OLI	LIE	FO	X		Or	ESTI- MATED	-	1	7 19 7	9
SEX	1111	4. RACE	5. DATE OF BIR		6. AGE (IN YEAR!	s IF UNDER		DER 24 HRS.	2c. DAT		MÓ	HTM	DAY YEA	
Ma	1e	Black .		22- 50	28 yrs	, morenta	DAYS HOURS	MIN,	PRONOU DEA	D		1	7 19 7	9
7a. BIR	THPLACE (ST.	ATE OR	76. CITIZEN OF	WHAT COUN	TRY? 8	MARRIED	NEVER MA	RRIED X	9. BALTI	MORE CITY	Y OR CO	OUNTY	OF DEATH	
Di	st. of		U.S.A.			WIDOWED	U DIVO	DRCED				_	Coun	
10. CIT	Y OR TOWN	OF DEATH	11. NAME OF H	HOSPITAL, NUI	RSING HOME,	OR OTHER IN	ISTITUTION	12a. US	MOST OF WO	JPATION (TYPE OF W	VORK 12	B. KIND OF OR INDU	BUSINES STRY
		lle, Md.	Prince	e Georg	e's Hos	spita1				Inspe	ecto	or 1	D.C. C	
USUAL 13e. ST	ATE	IF IN NURSING HOME O	OR OTHER INSTITUTION	N, GIVE RESIDENCE	OR TOWN	(13d	INSIDE CITY LIMIT	5? 13e. STI	REET ADDR	ESS				
	D.C.						s No			ter St	t.,	N.E	. D	.C.
14. FA	THER'S NAME		Öllie		LAST	15.7	AOTHER'S MA	AIDEN NAM	E	MIDDLE			LAST	
	James				Tox		Juan	ita	M				Mooding	awled,
16a. W (YES	AS DECEASED S, NO. OR UNKNOV NO	EVER IN U.S. ARA	MED FORCES? WAR OR DATES)		IAL SECURITY I		VFORMANT	D. (1)	7.7	ADDRE				
			 		-66-826	9 1	uanita	M. F.C	ox Hav	wkins.	-19 0	16 S		
	18. CAUSE OF	F DEATH (Enter and ATH WAS CAUSED	ly ane cause per					6					APPROXIM BETWEEN ON	ATE INTER
23	01.		TE CAUSE (a)		le guns		ounds							
	765	if any, which	DUE TO,	OR AS A CON	ISEQUENCE OF									
	gave rise	e to immediate stating the under-	(b)	00.46.4.604			-							
			DUE 10,	OR AS A CON	SEQUENCE OF									
	lying caus	se last.	- 1											
			(c)	ATH BUT NOT DELA			NOTION CHELL	N GART I						
		SNIFICANT CONDITIONS	(c)	ATH BUT NOT RELA			DNOITION GIVEN I	N PART 1 (q).						
		SNIFICANT CONDITIONS				AL OISEASE OR C		N PART 1 (e).					20. AUTOPS	SY?
	PART 2 OTHER SIG	SNIFICANT CONDITIONS			TED TO THE TERMINA	AL OISEASE OR C		N PART 1 (a).						
ERTIFICATION	PART 2 OTHER SIG	OPERATION L CAUSE WAS	19b. CON	NDITION FOR Y	TED TO THE TERMIN/	AL DISEASE OR CI			NATURE OF IP	UURY IN ITEM	18 PART 1		YES 🔀	
CERTIFICATION	PART 2 OTHER SIG	OPERATION L CAUSE WAS	19b. CON	NDITION FOR Y	TED TO THE TERMIN/	AL DISEASE OR CO	ERFORMED?	RRED (ENTER		UURY IN ITEM	18 PART 1		YES 🔀	
DICAL CERTIFICATION	PART 2 OTHER SIG	OPERATION L CAUSE WAS OR COURSE OF D	19b. CON 21b. TIME LHOUR DEATH 21e. PLAC	OF INJURY A.M. MONTH O.M. CE OF INJURY	TED TO THE TERMINA WHICH OPERAT PAY YEAR S 19 (AT HOME,	TION WAS PI	NJURY OCCU	RRED LENTER	nt		4	OR PART 2	YES 🔀	NO
DICAL CERTIFICATION	PART 2 OTHER SIG	OPERATION L CAUSE WAS OR COURSE OF D	19b. CON 21b. TIME LHOUR DEATH 21e. PLAC	E OF INJURY A.M. MONTH	TED TO THE TERMINA WHICH OPERAT PAY YEAR S 19 (AT HOME,	TION WAS PI	NJURY OCCU	RRED LENTER	nt		4	OR PART 2	YES 🔀	NO
DICAL CERTIFICATION	PART 2 OTHER SIG	OPERATION L CAUSE WAS OR G CAUSE OF L CCURRED NOT WHILE AT WORK	21b. TIME 21b. TIME LHOUR 21c. PLAC STREET.	OF INJURY A.M. MONTH B.M. E OF INJURY A.M.	WHICH OPERAT	21c. HOW II shot 21f. LOCATI Dead	NJURY OCCU by as	RRED LENTER Ssaila Dear	nt Drïv	e Hya	atts	OR PART 2	YES 🛚	NC
DICAL CERTIFICATION	PART 2 OTHER SIG	OPERATION L CAUSE WAS OR G CAUSE OF E CCURRED NOT WHILE AT WORK y that I toak charg	21b. TIME 21b. TIME LHOUB 21c. PLAC STREEL. Street.	E OF INJURY A.M. MONTH P.M. E OF INJURY FACTORY FARM, E' CORY, FARM, E' described aba	PAY YEAR S (AT HOME, r.c.)	21c. HOW II Shot Dead	NJURY OCCU by as	RRED LENTER SSAIla Dear	DT IN Inquiry	e Hya	atts	OR PART 2	YES 🛚	NC
DICAL CERTIFICATION	PART 2 OTHER SIG	OPERATION L CAUSE WAS OR G CAUSE OF E CCURRED NOT WHILE AT WORK y that I toak charg	21b. TIME 21b. TIME LHOUR 21c. PLAC STREET.	OF INJURY A.M. MONTH B.M. E OF INJURY A.M.	WHICH OPERAT	21c. HOW II 21c. HOW II 21d. LOCATH Dead Autopsy de	inspe	RRED LENTER SSAIla Dear Ction	nt Drïv	e Hya	atts	OR PART 2	YES 🛚	NC
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MEDICAL CERTIFICATION	PART 2 OTHER SIG	OPERATION L CAUSE WAS OR OF DECCURRED NOT WHILE AT WORK That I taak charged from: Natur	21b. TIME HOUR LT : 3 ZIB. TIME LT : 3 ZIB. TIME STREET, STR	E OF INJURY A.M. MONTH P.M. TE OF INJURY ET CE OF INJURY ACCIDENT TO THE	PAY YEAR S (AT HOME, rc.) ve, held an	21c. HOW III 21f. LOCATII Dead Autopsy de	NJURY OCCU by as on end of Misspe Hamicide X IIIE (SPECIFY	RRED LENTER SSAIla E Dear Ction . Unde	Inquiry termined m	e Hya	arts	ORPART 2	YES (X	ryl
MEDICAL CERTIFICATION	PART 2 OTHER SIGNATURE	OPERATION L CAUSE WAS OR OF CAUSE OF E CCURRED NOT WHILE AT WORK That I taak charg I defram: Natur NAME NAME	21b. TIME LHOUR LHOUR STREET. Street dear the remains ral causes , Margan	OF INJURY AM. MONTH CE OF INJURY AM. MONTH CE OF INJURY PACTORY FARM, E' described aba Accident Yould rita A.	PAY YEAR S (AT HOME, r.c.)	AL DISEASE OR CO	PIJURY OCCU by as on end of K. Inspe Hamicide [X] IIILE (SPECIFY ASSISTA	RRED LENTER SSAIla E Dear ction	DTIV Inquiry Inquiry OICALEXAI	e Hya	arts	VIII	YES (X	ry13
MEDICAL CERTIFICATION	PART 2 OTHER SIGNATURE	OPERATION L CAUSE WAS OR OF CAUSE OF E CCURRED NOT WHILE AT WORK That I taak charg I defram: Natur NAME NAME	21b. TIME LHOUR 21b. TIME LHOUR 21c. PLAC STREET. S1 ge of the remains rol causes Margan 3b. DATE	E OF INJURY A.M. MONTH M. CE OF INJURY PACTORY FARM, E Treet described aba Accident Yould 23.	PAY YEAR S 19 (AT HOME, IC.) We, held an Kore 11	AL DISEASE OR CO	PIJURY OCCU by as on end of KI Inspe Hamicide X IIILE (SPECIFY ASSISTA EMATORY	Dear Todan Unde Dant MED Ant MED Tall Pe	Inquiry termined months of the state of the	e Hya	and in r	VIII my apini DATE IGNED	YES (X)	ry18
WEDICAL CERTIFICATION	PART 2 OTHER SIGNATE OF A CONTRIBUTING CONTRIBUTING CONTRIBUTING AT WORK DATE OF A CONTRIBUTING DEATH OF A CONTRIBUTING DEATH OF A CONTRIBUTING DEATH OF A CONTRIBUTING DEATH OF A CONTRIBUTION	OPERATION L CAUSE WAS OR OF CAUSE OF L OCCURRED NOT WHILE AT WORK That I taak charg of fram: Natur NAME ATT) NAME TON, REMOVAL 2	21b. TIME LHOUR LHOUR LHOUR LHOUR LHOUR STREET. SI ge of the remains rol causes, Margan 3b. DATE 1-16-79	Tita A.	PAY YEAR S (AT HOME, IC.) Korell	21c. HOW III 21f. LOCATII Dead Autopsy de	ERFORMED? NJURY OCCU by 8s ON end of Homicide X Inspe Homicide X ERESS 1 EMATORY	RRED LENTER SSAIla Dear Ction Unde) ant MED [23d. [1]	Inquiry termined months of the state of the	e Hya	and in r	VIII my apini DATE IGNED	YES (X)	ry13

79-02311

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219-12-3583 BESSIE TEARLIN/WITE 1332 HARDEDSO

GERALD P. WHELAN, ETCOL, USAF HALCOLN CROW USAF MIDICAL CENTI

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ANDREWS AND MALCOLM TROW USAF MEDICAL CIR MOIDR FOOL CIVIL SERVICE

ANDREWS AIR FORCE BASE, MARYLED 20314

PRINCE GEORGES COUNTY

SARY AND LOTERIE UPPER AREBORO . 1832 SARLEDRO ROAD

4 moy be

executed within 24 hours ofter

requires that the death certificate be

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02312

	1 -	REGISTRAR				CERTIF	ICATE OF DEA	TH	•	REG. NO.			
Die.		EASED NAME	FIRST		MIDDLE	0	AST		20. DATE OF		DAY YEA	R 2b. H	HOUR
11	A LANE C	ROS.	ALLI	F		SAL	IPO		J 2	LAN	15 79	7	DAM
B)	3. SEX	r. 1.		4. RACE	1 = 4 .	S. DATE C	DAY	YEAR	6 AGE (IN YEA	RS LAST BIRTHDAY)	MONTHS E	YEAR IF UP	JRS MIN.
O	-	TEM HL		CAL	CAS	NOV	19 1	881			RS.		
E Sor	BIR CO	RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8. MARRIE	D NEVER MAR	RIED -		ECITY OR COL			
914		Italy				WIDOWE			Prin	ce Geo		ID OF BUI	MD. SINESS OR
J. J.	10. CIT	Y OR TOWN OF DE	AIH		CH FACILITY, GIVE STRE		OR OTHER INSTITU	TION	(TYPE OF WORK F	OR MOST OF WORK	NG LIFE) INDUS		3114E33 OK
8		L RESIDENCE (IF NURS			9th Pl				Нс	ousewi	fe I		
Sagar P	130. S	TATE	13b. COUN	ITY	13c. CITY OR TO	WN	134 INSIDE CITY	-	13e. STREET A				
<i>E</i> 223	M		PG		Colle	ge Pa	15. MOTHER'S M	O DENINIA	9709	49th 1	Place	-	
mims ?	INFA	THER'S NAME FIRST		AIDDLE	LAST		FIRS	T		MIDDLE		LAST	
1	14 14		0110 V		166 SOCIAL SEC	TURITY NO.	Carme]	La	Trisc	ADDRESS		1	
dico		'AS DECEASED EVER ES, NO OR UNKNOWN)		WAR OR DATES)							ame as	abo	ve
1		No					B Carme!	La <u>0</u>	Brien	(Daug	hter)	PROXIMATE VEEN ONSET	INTERVAL
1, 1		18. CAUSE OF DEAT PART I. DEATH W	H (Enter on AS CAUSE)	ly one couse per DBY:	line for (a), (b),	and (c).)	1	12-3	XD.	5	ABETY S	EEN ONSET	AND DEATH
2 2		1/11/	IMMEDIAT	E CAUSE (0)	ares	in	notice	FEN	VINSE	ese	1-	-61.43	<u></u>
to d		4140		DUE TO, O	R AS A GONSEO	UENCE OF		00 10	11		Y,	444	
trav		Conditions, if ony, gove rise to imm		(b)_	174	evien	ruen 1 4		nary		1/2		
other traumatic event,		couse (o), statir underlying couse		DUE TO, O	R AS A DONSEO	UENCE OF	lener	. 01		1	Y	a.	
: 13	\	PART 2. OTHER SIGN	VIEIC ANT C	CONDITIONS	ONTRIBITING TO	DEATH BUT	NOT RELATED TO	THETERM	IN AL DISEASE	OR CONDITION	GIVEN IN PA	RT 1(p)	
30	Z	TAKE 2: OTTEK SIG.	VIII ICAIVI C	.0.10.110.10									
1	CERTIFICATION	190. DATE OF OPERA	TION	196 COND	ITION FOR WHIC	HOPERATIO	N WAS PERFORM	ED	20a. AUTOR		F YES, WERE F		
2	TEK								YES 🗀	NO	YES [0 🗆
45. 5	CER	21g. ACCIDENT WAS UNI	_	216. TIME C	F INJURY	DAY YEAR	21c. HOW INJUI	RY OCCURE	RED (ENTER NATI	JRE OF INJURY IN ITE	M 18, PART 1 OR PAI	T 2)	
2	AL	OR CONTRIBUTING (IF EITHER, NOT IFY MEDIC		H	.M.	19							
2 5	EDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY	F FARM ETC.)	211. LOCATION STREET			CITY OR TOWN	COUNT	,	STATE
My	2	AT WORK AT WO	HILE					-	1				
S		220.1 certify that (1)	-	-11	ne deceased from	Luc	4.1	19/0	, 10	11/13			(I) Just lost
121	-	sow the deceos above, (I) (we) (ed olive on did) (d adaro	Triew the body	ofter deoth.	18 9	nd that in (my) (opinion (death gecurred	on the date on			
Hen		226. SIGNATURE	4	7		12.	DEGREE	ENDING	/ MEDICAL	STAFF	177	DATE SIGN	NED
17		Mani	4/	Men	nen!	Nim		SICIAN E	DIRECTOR	STAFF PHYSICIAN	1	4/3/	1979
JO STAN		274 PHYSICIAN'S N	,				22e ADDRESS	TT 4	11400	C 4 II	atta N	i a	
200		John	r.	Brenna						St. Hy	alls. P	u.	
=/,		URIAL, CREMATION,	REMOVAL	236. DATE			EMETERY OR CRE		23d. LOCA CITY OR	TOWN	COUNTY		STATE

DHMH - 16 25M

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carban papers: F with the State Dept, at Health and Mental Hygiene prior to burial, cremation, ar removal.

(VR A 15 (4)) 9/74

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

T Spring, Mil. 74 FUNERAL DIRECTOR
Hines/Rinaldi F.H. 11800 N.H.Ave.Silver

All asset as Bos Lisas 2142

TEALY TEALY TEALY TEALY TOUGHTON THE TOUGHTON TO

Sustan 1/18/79 Sc. Hary'n Camebory Namb. D.C.

Himse/Minaldt B.H. 11800 H.H.Ava. Silver Spring, McV

IMPORTANT: If them 21 is marked at Item 18 shows any injury, at other traumatic event, the medical examine smust be natified at once

FOR

ST	ATE	OF	MAR	YLA

ND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-02313

SINGEGISTRAR'S DIGNATURE

Ι'	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	- 0 2	213	
	DECEASED NAME	FIRST	,	MIDDLE		AST		ONTH DA	AY YEAR	2b. HOUR
,,,	The state of the s	Earl		G	Sarrets	son		1 /2	. 79	9:40 M
3. 5	SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHI		FUNDER I YEAR	IF UNDER 24 HRS
	Male		Cauca	sian	May		73	YRS.	ONTHS DATS	HOURS MIN.
7a.	BIRTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8.	D NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY	OF DEATH	
	Virginia		USA		WIDOWE	DIVORCED	Prince Ge	orges		MD.
10	CITY OR TOWN OF DEA	ТН		HOSPITAL, NUI		OR OTHER INSTITUTION	Prince Ge 12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	WORKING LIFE)	12b. KIND O	F BUSINESS OR
	Cheverly		Princ	e Geor	rge Gei	neral	Cable Spl			ne Co.
US 13d	SUAL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BI		113d INSIDE CITY LIMITS?	13e STREET ADDRESS	17.2011		
	Md.	P	.G.	Dist.		YES K NO	6401 Hall	eck S	Street	C
14	FATHER'S NAME		MIDDLE	LAST	N N E I R	15 MOTHER'S MAIDEN NA	ME		LAS	ST.
	Charles			Garret	son	Lucy		CEL		nes
1 6 a	(YES, NO OR UNKNOWN)		MED FORCES?	166 SOCIALS		17 INFORMANT	ADDRES	S	322	
	No			Unkno	wn	Charles E.	Garretson	(sor) Sam	ne as13
NO		lost.	(c)	R AS A CONSE		NOT RELATED TO THE TERM				
CERTIFICATION	19a. DATE OF OPERA	ION	196 CONDI	ITION FOR WH	IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO ■		WERE FINDING CAUSES	
	OR COLUMNICATION CO.	AUSE OF DEA	HOUR A.	M. MONTH	DAY YEAR	?Ic. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PAR	RT 1 OR PART 2)	
MEDICAL	21d. INJURY OCCUR!	THE T	21e PLACE ({AT HOME, STR	OF INJURY REET, FACTORY, OFF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN		COUNTY	STATE
	220 I certify that (I) sow the decease above, (I) (we) (ed olive on	11-29	1	9_7801	nd that in (my) (aux) opinion	death occurred on the dat		ond from the	
	72b. SIGNATURE	m 1	tent (Turns	t m		MEDICAL STAFF	AN 🗌	1-12	-79
	William			t, MD		9401 Indiar	n Head Hwy	, Oxo	n Hil	1, Md.
230	a. BURIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	Burial		15Jar	1979	Cedar	Hill Comete	ery Suitla	and _	PG	
24	FUNERAL DIRECTOR	Robei	ct E. V	Vilhel	m Fune	ral Home	TE REC'D. BY REGISTRAR 2	Sh PEGISTR	AR'S SIGNAT	URE
	- TANKE		Condit	- 7	34.7		1 7 1070	Expres	1/KUL	looky

Suitland, Md.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

1.	FOR STATE REGISTRAR		MED		MENT OF I					Н	REG. NO.	79	-02	1314
	PECEASED NAM		t J. Gate	MOOD			AST		20	DATE KN OF E DEATH MA	OWN X	MONTH 1	23 ₁₉	79 3:4
3. SI	^{EX} M al e	4. RACE Black	5 DATE OF BIRTH	04	AGE (IN YEA LAST BIRTHDA 74	MONTH:	DER 1 YR.	HOURS 1	4 HRS. 20 MIN. PR	DATE ONOUNCE DEAD	D	MONTH 1	DAY Y	79 3:4
13	BIRTHPLACE (S FOREIGN COUNTRY) Severn,	Md.	76. CITIZEN OF WH	AT COUN	TRY?	MARRIE WIDOWE		ER MARRIED			_		orge!	H
	Chever	ly	11. NAME OF HOSE (IF NOT IN SUCH FACE Prince G	eorge	reet address)	pital		ION I	FOR MO	LOCCUPAT STOF WORKING NINE W	ON (TYPE O		2b. KIND O OR IND Otis	F BUSINESS DUSTRY Elevate
13a.	JAL RESIDENCE STATE	13b. COUN	rother institution, GIV TY eorge's	13c. CITY	OR TOWN Arden		13d. INSIDE CIT	NO [3. STREE	ADDRESS Wesle	y St.			
		liam Henr	y Gatewoo	d	LAST		FIR			ohia M		ws	LAST ·	
	WAS DECEASE (YES, NO, OR UNKN)	OWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)		-09-132		Mrs,	Char	lene		on	same	as l	3e
NO	gave ri cause (a lying car	ins, if any, which ise to immediate stating the <u>under-use last</u> .	DUE TO, OR	XPOSI AS A CON UT NOT RELAT	ITE SEQUENCE C	OF INAL DISEASE	DR (DNDITION	GIVEN IN PART	1 (0).					
EDICAL CERTIFICATION	19a. DATE OI	FOPERATION	19b. CONDIT	ION FOR V	WHICH OPER	ATION WA	AS PERFORM	AED?					20. AUTO	
MEDICAL CER	UNDERLYING CONTRIBUT	OCCURRED	PAR STREET, FACTO	MONTH 1 FINJURY DRY, FARM, ET	DAY YEAR 15 19 79 (AT HOME, (C.) (home	sub	ject f	occurred found Vesley	outd	oors i	n paj	amas		. Md.
230	ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	Natural Natura Natural Natural Natural Natura Natura Natura Natura Natura Natu	Augusto P.	Rod	x Sui		Hamicion Dept Dept 12800	ecify) uty Willo	MEDIC		er [], ER ccle,0	DATE SIGNED	3-3	31-79 Md
			1/27/79		aints		Cem.			rman's		COUNT		STATE
17 E(5))	FUNERAL DIRECT	E. Nutte	r, 3035 W	. Nor	th Ave		2	MAY		GISTRAR 7	1		GNATURE	E,

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Mis. Charlen Johnson - sew as 120	Cest-00-550	
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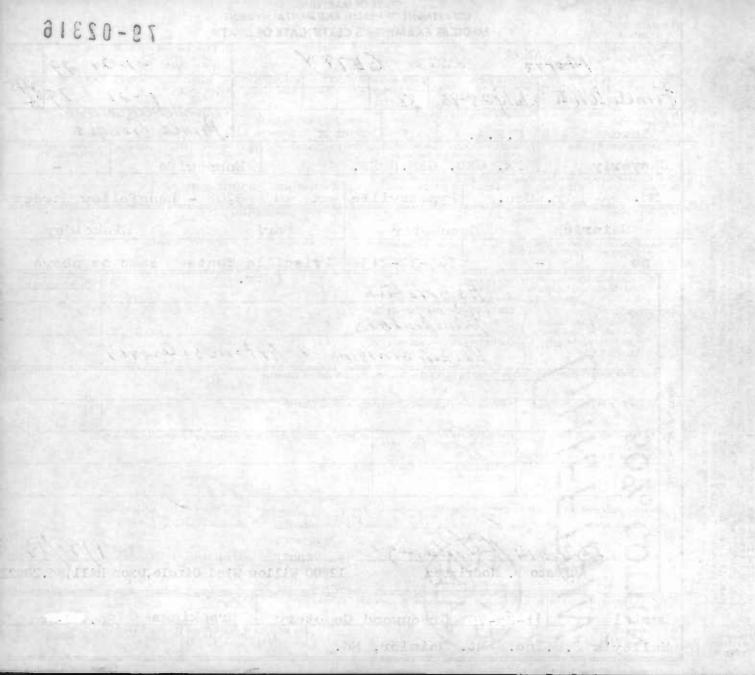
~		1-	FOR STATE REGISTRAR	rrin G	528 2/28 M	DEPARTM	ENT OF HE	OF MARYLA ALTH AND M 'S CERTIFI	ENTAL H		-0231	5	
25 æ	S 1:	1. DE	CEASED NAME E OR PRINT)	FIRST Guen		MIDDLE	NAME OF THE PERSON OF THE PERS	Genator		2g. DATE K	REG. NO.	H DAY YEAR	
A STATE OF THE STA	ON STREE		ale	RACE White	Sept. 2	H 1933	3 45 _{YRS.}	IF UNDER 1 YR.	IF UNDER 2	MIN PRONOUNG DEAD]	13 ₁₉ 79	2d. HOUR 2 • 4.11
NECESS	FOR WITHIN	Ea	RTHPLACE (STATE REIGN COUNTRY) AST GET TY OR TOWN OF	many	U.S.	A.	Y? 8.	MARRIED NE	DIVORCE	DU	ce George	's Count	
DELAY IS	TAIN PAGE STIED, ORDS, 201 W	C	neverly		Prince	George	s Gene	rother institu	pital	FOR MOST OF WORK Car dea	ING LIFE)	OR INDUS	
21201 1. IF ANY 2, AND	SHORE SHORE	Ma Ma		113b. COUN		Clir	RTOWN	YES 🗆	NO R		odland	Lane	
ORE, MD ER DEATH	AND AND	E1	ich VAS DECEASED I	EVER IN U.S. AR	MED FORCES?	enatov 16b SOCIA		Mars	raret.	e , MIC	Da OGDOMISSAFA	hlke	ourt
, BALTIM JURS AFTI B. GIVE P	PAGE	[Y	NO OR UNKNOW	DEATH (Enter an	ly ane cause per li			84 Robe	ert G	. Kertes	z Oxon	Hill, I	Md.
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1,	L EXAMINER ALONG VORIAL-TRANSIT PERMIT. ND MENTAL HYGIENE, D V, OR REMOVAL.	>	Canditians, gave rise	if any, which to immediate ating the <u>under</u> -	DUE TO, C	Ultiple DR AS A CONSE DR AS A CONSE	QUENCE OF	es			·	SELWER ON.	ET AND DEATH
ORDS, 30 BE EXECUT	DICA B A B TH AT	NO	PART 2 OTNER SIGN	FICANT CONDITIONS	(c)	TN BUT NOT RELATED	TO THE TERMINAL	OISEASE OR CONDITIO	ON GIVEN IN PART	1703			
ATAL REC	USED OF HE	CERTIFICATION	19a. DATE OF O					ON WAS PERFO				20. AUTOPS	
CERTIFICATE	3 SHOU DEPARTA	MEDICAL CER	21d. INJURY OC	OR CAUSE OF CURRED	DEATH 1:27	E OF INJURY ACTORY, FARM, ETC.)	13 19 79 13 19 79	drive	r in a	uto/auto :	impact	PART 2)	STATE
EXAMINER: THIS	SE FORW.		22a. I certify death resulted	that I taak charg	ge of the remains of	described abave	, held an	TITLE (Inspection icide,	Clinto Inquiry Undetermined man	and in my	E 111	MD,
MEDICAL ECUTE THE	E 4 SH FUNERA SR DEAT	1000	SIGNATURE EXAMINER'S N. (TYPE OR PRINT	AME	Thomas 1			ADDRESS_	111 Pe	enn St. 1			.119
12 BP.	5	230.B	JRIAL, CREMATIC PECIFY) Crema DHERAL DIRECTO					emator		Vashin		.C.	STATE
(VR A	HMH - 17 A15 ME (5)) DM 7/73	8	533 016	Alexa	nder Fe	erry Ro	d. Cli	nton, M	d.	AN 22 19	19 pers	My / Kall	rody

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STATE OF MARYLAND



7	1	1-	FOR STATE REGISTRAR				NT OF HEALTI	MARYLAND H AND MENTAL H CERTIFICATE C		7.90	2317	
(N	URS URS		CEASED NAME (E OR PRINT)	rank		(,	EN		NOWN MONTH	2 1979	2b. HOUR
1	PURE A DURE A ZZ HO ZZ HO STR	14	ile Wi	li/e	July 7, 1		AGE (IN YEARS IF UI LAST BIRTHDAY) MONT	HS DAYS FORES	MIN. PRONOUNG DEAD	CED / - 2	1979	A M
•	NECESSARY, FUNERAL DIR 5 FOR YOU 5, WITHIN 72 W. PRESTON	Í	RTHPLACE (STATE OR REIGN COUNTRY)		76. CITIZEN OF WH	Α.	WIDOV		ED D Bime	(, (, , ,		MD.
	AY IS AGE THE		TY OR TOWN OF DE TEVERLY	ATH	PRINCE G		GENERAL I		Retired	ATION (TYPE OF WORK NG LIFE)	U.S. Army	NESS 7
21201	2, AND 3 TO 3. RETAIN P SHOULD BE I. RECORDS,	13p. S	AL RESIDENCE (IF IN MI TATE Aryland	IRSING HOME OF 136. COUNT Princ	other institution, given e George		ORE ADMISSION) TOWN SVILLE	13d. INSIDE CITY LIMITS? YES AND	13e STREET ADDRES	holson St	reet	
	PATTA PRICE	14. F/	THER'S NAME Frederick		MIDDLE	Gilge	n	15. MOTHER'S MAIDE		DLE	LAST	
BALTIMORE, MD.	URS AFTER DE 8. GIVE PAGE: WITH FORM T. PAGES 1 AN DIVISION ON	16a. V	VAS DECEASED EVER	(IF YES ONE W	ED FORCES?	390 C	SECURITY NO. 1918	Mary C. C	Filgen Same	abdress as #13 .	(Wife)	
ORDS, 301 W. PRESTON ST.,	UUD BE EXECUTED WITHIN 24 HOU "PEDNOIC", IN TEAN 18, "PEDNOIC", IN PERONGE, IN TEAN 18, TEAN 18, TEAN 18, TEAN 18, TEAN 19, TEAN MENTAL HYGIENE, DERMATION, OR REMOVAL.	N.	PART I DEATH V Conditions, If gave rise to cause (a) statin lying cause last PART 2 OTHER SIGNIFICAL	IMMEDIATI any, which immediate g the <u>under</u> -	(b) DUE TO, OR A	as a conse	QUENCE OF	SE OR CONDITION GIVEN IN PA		→ (11) <a< td=""><td></td><td></td></a<>		
ITAL REC	COESHIE	CERTIFICATION	190. DATE OF OPER	ATION	19b. CONDITI	ON FOR WH	ICH OPERATION W	AS PERFORMED?			20. AUTOPSY?	NO 🗷
DIVISION OF VITAL RECORDS.	CERTIFICATE ITING THE W DED TO THE 3 SHOUID DEPARTMEN PRIOR TO BUI	MEDICAL CER	210 EXTERNAL CAL UNDERLYING CONTRIBUTING 210 INJURY OCCUP WHILE AT WORK AT V	OR CAUSE OF D	P.M.	MONTH DA	AY YEAR 19 AT HOME, 21f. LC	OW INJURY OCCURRED CATION STREET	CITY OR TOW		art 2) Dunty	STATE
•	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNEAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTMORE, MARYLAND, 21201			I taak charge	af the remains described at causes (2)	Accident [Suicide N	ADDRESS 2800	Undetermined man	DATE	N. S. SH	g Street
51		23a.B	URIAL, CREMATION,		b. DATE 1/5/79	23c NAA	AE OF CEMETERY C		23d. LOCATION ATTITUDE	on Arlin	gron Var	7
	DHMH - 17 (VR A15 ME (5)) 15M 7/77		yattsville		VDDUEGG	al Hom	e, P.A.	250. DATE	REC'D. BY REGISTRAR	256 REGISTRAR'S	SIGNATURE MY	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH (TYPE OR PRINT) GOODE E. 3 SEX 4. RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 3-26-1894 Female White 84 70. BIRTHPLACE STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wash. D.C. U.S.A. Pr. Geo. WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS). TYPE OF WORK FOR MOST OF WORKING LIFE! Cheverly Pr. Geo. Gen. Hosp. Housewife BALTIMORE, MARYLAND 21201 USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION V39 STATE 3425 - Newton Street 136 COUNTY 13d INSIDE CITY LIMITS? Pr. Geo. Md. Mt.Rainier YES PO NOF 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Thomas Thornton Kleh Margaret 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS5902-36th Ave. 166 SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) I (IF YES GIVE WAR OR DATES) 578-14-9514 Mary E. McWilliamson no Hy. Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and join PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g AL RECORDS, 9a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS LISED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH DIVISION OF (IF EITHER, NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN WHILE AT WORK NOT WHILE 220.1 certify that (1) (this hostical attended the deceased fram. saw the deceased alive an Annayy and that in (my) apinian death occurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 140 ATTENDING ATTENDING AFFECTOR PHYSICIAN

DHMH - 16 60M 1/75 (VRA 15(4))

should be

24 FUNERAL DIRECTOR Mt. ADD Rainier, Md. NaITev's F.H. Inc.

23b. DATE

226. PHYSICIAN'S NAME (TYPE OF PRINT)

230 BURIAL, CREMATION, REMOVAL

Burial

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

23d. LOCATION

Adelphi

22e. ADDRESS

Wash. Cem.

23c. NAME OF CEMETERY OR CREMATORY

Pr. Geo. Md.

COUNTY

22c. DATE SIGNED

COUNTY

STATE

STATE

7h HOUR

126 KIND OF BUSINESS OR

IF UNDER I YEAR DAYS

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THE PROPERTY OF THE PROPERTY O

in this real and the street in





FOR

REGISTRAR

L DECEASED NAME

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 2a. DATE OF DEATH MONTH 7h HOUR January 7. 1979 5:50 avm 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS. OAY5 HOURS BALTIMORE CITY OR COUNTY OF DEATH Prince George's 12a USUAL OCCUPATION 12h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Optimian 4017-Coppers Lane Whitehurst ADDRESS Suitland. Md. APPROXIMATE INTERVAL

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

LAST

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

> NO I 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY STATE January

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

22c. DATE SIGNED STAFF PHYSICIAN DIRECTOR PHYSICIAN

STATE (SPECIFY) COUNTY Burial Jan. 9. 1979 Cedar Hill Cem. Suitland Pr. Geo.

Oxon Hill 250. DATE-RECID. BY REGISTBAR 256. REGISTRAR'S SIGNATURE AND COMMENTAL STREET 24 FUNERAL DIRECTOR George P. Kalas-6160 Oxon Hill Rd Md.

DHMH-16 20M (VRA 15, 4) 7/78

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR		DEPARTA		ICATE OF DEATH	REG. N	79-023	320
		CEASED NAME FIRS	vARD	MIDDLE	GRA	NT	20. DATE OF DEATH	1-28-79	26. HOUR 12:04AM
	3 SEX	× MALE	4 RACE	LACK	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR)		EAR IF UNDER 24 HRS AYS HOURS MIN
17	SO	RTHPLACE (STATE OR FOREIGN OUNTRY) OUTH CAROLINA	U.	WHAT COUNTRY?	WIDOWE		PRINCE GE		MD.
4	Cł	ITY OR TOWN OF DEATH HEVERLY	PRINCE	C"GEORGES"	GENER	AL HOSPITAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF MINISTER	OF WORKING LIFE) INDUS	ND OF BUSINESS OR TRY
25	MA.	RYLAND F	OME OR OTHER INSTITUTION COUNTY C.G.C.	HIGHLAND	N			AVE. HIGHI	AND PK. MD
al		ATHER'S NAME FIRST EDWARD	MIDDLE	GRANT		15. MOTHER'S MAIDEN NA FIRST ANNA	MIDDLE		OWN
1	}60. ₩ (Y	VAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF YE NO	S. ARMED FORCES? s, GIVE WAR OR DATES) N/A	166 SOCIAL SECU 247-22-5		MARY L. DUN	CAN DAUGHTER	11	R VILLAGE
9	CERTIFICATION	Conditions, if ony, white gove rise to immedia couse (0), stating the underlying couse to: PART 2. OTHER SIGNIFICATION	the tee and the te		NCE OF	Palmonon NOT RELATED TO THE TERM	arres	206 IF YES, WERE FILL IN CERTIFYING CALL	NDINGS USED
9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE. (IF EITHER, NOTIFY MEDICAL EXAMINATION OF COURRED WHILE AT WORK NOT WHILE AT WORK 220. I certify that (I) (this sow the deceased ali above, (I) (we) (did) (c. 22b. SIGNATURE	OF DEATH MINER) 21e. PLACE (AT HOME, S) hospital) attended to	1.28 19	19 ARM, ETC.)	211. LOCATION STREET 211. LOCATION STREET 19 7 nd that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN	CITY OR TO	wn COUNTY 19 7 ate and hour and from	STATE:
1		H.A. N	10/avi	. M.D		6005 Land	- 1	Chevelly	', Md
	(1	BURIAL, CREMATION, REMO SPECIFY) CREMATION UNERAL DIRECTOR NAME CHAMBE		1979		-	23d LOCATION CITY OF TOWN SUTTLANI TE REC'D. BY REGISTRAR EB 5 1979		STATE MD.

DHMH - 16 50M 7/77 (VR A 15 (4))

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06	851. 22 1882	X)418	31.1
	23	. 1.8.1	ARIJORAS HIVOS
erara gararan	Avadent Besch S		X197.00
1100 FIGH AVE. MICHIASD	HD PARK KH	o. Picho	.o.g \ GEATYSA
Isoth			
1/2. White / 0304 2045; W	2-5256 NARY L. DURC	247-2	(as/res
MANUSHEEN/6304 BÖFF. Y	2-5256 HARY L. DUK	247-2	
	2-5256	247-2	V Or
	2-5256 HARY L. DUK	247-2	V Or

45.39

CERESTICS 1-29-1979 CRASESTER SUTILAR CONTRACT SUTILAR (F.G.C.) IN

DHMH-16 50M 7/77 (VR A 15 (4))

Funeral Home

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, ar other traumotic event, the medical examiner must be natified at ance

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-02321

								REG. NO.			
1. DECEASED NAME (TYPE OR PRINT)	FIRST	1	MIDDLE	L.	AST		2a. DATE OF DI	EATH MONTH	DAY YEA	R 2b I	HOUR
	FLOYD	Н	INTTEON	G	REEN	WHE I	JANUAR'	Y 31	1979	1	:25P M
3. SEX		4 RACE		5. DATE C			6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1 Y		NDER 24 HRS
Male		White		Aug	2 2 1	926	52	Y	RS. MONTHS D	AYS HOL	JRS MIN
70. BIRTHPLACE (STATE	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER M	ADDIED [9. BALTIMORE		INTY OF DEAT	1	
Tennesse	96	USA	1	WIDOWE		ORCED T	Pr	ince Ge	orgets		MD
10. CITY OR TOWN C	FDEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME C			12a USUAL OC	CUPATION	12b. KIN		SINESS OR
Lanham			Heacility, GIVE STREET Hospita		Prince	Geo. Co.			on A		dant
USUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION.	GIVE RESIDENCE BEFOR	RE ADMISSION)				1 -1 -1	21041 11		<u> </u>
Md.	13b COUNT	G.	Camp Sp	oring	13d INSIDE CI	NO []	7406		an Aver	nue	
14. FATHER'S NAME					15 MOTHER'S	MAIDEN NAM	AE .				
James	Н	MIDDLE	Green		F	Reba	A	AIDDLE	Bailey	LAST 7	
60 WAS DECEASED			166. SOCIAL SECU	JRITY NO.	17 INFORMAT	VĪ		ADDRESS		Abo	110
(YES, NO OR UNKNOW	(IF YES, GIVI	WAR OR DATES)	412-30-	-0436	Glenn	a M	Carrol	1 516			
	DEATH / Salar as		/pe for (q), (b), or		Grein	ra M.	Callor	T, 015			INTERVAL AND DEATH
PART I. DEA	TH WAS CAUSE	D BY:	V. ALIA	100	Om 1 1	1			BETW	EEN ONSET	AND DEATH
1111	IMMEDIA	E CAUSE (0)	MINT	140	711	7					
1629	1	DUE TO, O	A CONSTOU	ENEROT	Mr.	11/~	0/1	W			
Conditions, if		(b)	MA.	× / / /		var 1	1				
couse (D),		DUE TO, O	R AS A CONSEQU	ENCE OF					119		
- Underlying	coose iosi.	(c)					U				
	R SIGNIFICANT (CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE C	RCONDITION	GIVEN IN PAR	T 1(o)	
190 DATE OF O								22.44			
S 190 DATE OF O	PERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	200 AUTOPS		F YES, WERE FIRE ERTIFYING CAU		
# L							143	10 Ph	YES 🗌		0 🗆
00.00.000.000.000	AS UNDERLYING	216. TIME O	FINJURY M. MONTH D	AY YEAR	21c HOW INJ	JURY OCCURR	ED (ENTER NATUR	E OF INJURY IN ITEA	A 18, PART 1 OR PART	2)	
(IF EITHER, NOTIF)	MEDICAL EXAMINER			19							
(IF EITHER, NOTIFY 21d. INJURY OF		21e PLACE	OF INJURY	CARL ETC.)	211 LOCATIO	N	C	TY OR TOWN	COUNTY		STATE
WHILE AT WORK	NOT WHILE	(XI HOME, 31	REET, FACTORT, OFFICE,	FARM, ETC.)	/2			1-11		-	31216
22a.1 certify th	no in whis hospi	tol) opended No	e deceased from	201	13	. 19 19	, to	3/10	919	_, that	(I (we) lost
sow that	eceased alive on	1//0	19_		nd that (n (my)	(our) opinion d	leath occurred o	in the dore one	hour and from	the couse	es stoted
22b. SIONALUE	ya (did) (did no	Viewithe body	offer deoth.	17	DEGREE			1	22c. D	ATE SIGN	AED .
7	2	VAI	NON	1)	A	TTENDING	MEDICAL	STAFF	1/	311	79
22d PHYSICIAN	N'S NAME (TYPE O	R PRINT)	V V 0.		22e. ADDRESS		DIRECTOR	PHYSICIAN L	1 1	- 1	/
	is H. De		D.				ty Blvd	E. Sil	ver Spr	ing.	Md.
									TOP OPE		
230. BURIAL, CREMAT	_	0			EMETERY OR C		23d. LOCATIO	NC	COUNTY		STATE
Buri		2-4-			oro Co		em Jac				ee
24. FUNERAL DIRECT	Robt E	Wilhel	Lm 430	8 Sui	tland	25a. DATE	REC'D. BY REG	ISTRAR 25b. RE	GISTRAR'S SIC		1.
Funoral	Homo	D.d.	C111+1:	5nc	5M	FE	D 9 13	13 /	4/4/1	-	any .

Suitland,

Md.

Rd.,

79-02321		
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

Juneral Home-400b

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

79-02323

		FIRST	MIDDLE	1.4	ST	TA DATE OF DEATH	MONTH D	AY YEAR	25 1101	LD.
	CEASED NAME	FIRST	MIDDLE			20. DATE OF DEATH			26. HOL) PC
TITPE	E OR PRINT)	IONA	GREE	EN		01	-31-79)	8:1	5 F
3 SE	X	4.	RACE	5. DATE OF	F BIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YE		
100	Female	3011	Black	12011	2°^ 1899	79	YRS.	ONTHS DAT	'S HOURS	MIN
7a. BI	IRTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY	R COUNTY	OF DEATH		
	Wash.,D	.C.	USA	WIDOWEL		PRINCE GEO	RGE'S			,
	CHEVERLY		NAME OF HOSPITAL, NURSIN			120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Retire	OF WORKING LIFE		OF BUSIN	ESS C
USU. 130.	Maryland	13b COLINTY	ter institution, give residence before pel daks	te admission) /N	13d. INSIDE CITY LIMITS? YES NO	13. SIREET ADDRESS 1218 Far	mingd	lale	Aven	ıe
14. F/	George	King	DLE LAST			ne Hutton			LAST	
16a V	WAS DECEASED EVER	(IF YES, GIVE W			3D Mrs. M	B Farminge ary Willis			е	
	18 CAUSE OF DEATH V		one couse per line for (o), (b), or	nd (c+.)				APPR BETWE	OXIMATE INTE	RVAL
	Conditions, if ony gave rise to im	mediate	DUE TO, OR AS A CONSEOU	ABR	TES	17144317	15			
NO	gave rise to im couse (a), stati underlying cousi	nmediate ng the e last.	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) NDITIONS CONTRIBUTING TO	ENCE OF	N C+RENG NOT RELATED TO THE TER.	MINAL DISEASE OR COM	JS JUDITION GIVI	EN IN PART	1(0)	
TIFICATION	gave rise to im couse (a), stati underlying cousi	mediate ng the e lost. MIFICANT COI	(b) DUE TO, OR AS A CONSEOU	ENCE OF DEATH BUT I		AINAL DISEASE OR CON 280 AUTOPSY? YES NO	20b. IF YES	, WERE FINI	DINGS USE	TH?
CAL CERTIFICATION	gave rise to im couse (a), stati underlying couse	mediate ng the e lost. MIFICANT COI ATION DERLYING CAUSE OF DEATH	DUE TO, OR AS A CONSEOU (c) 196 CONDITION FOR WHICH 216. TIME OF INJURY	ENCE OF DEATH BUT I		200 AUTOPSY? YES NO	206. IF YES IN CERTIFY YES	, WERE FINITYING CAUS	DINGS USE ES OF DEA NO [TH?
MEDICAL CERTIFICATION	gave rise to im couse (0), stati underlying couse PART 2. OTHER SIG	IMEDIATE OF THE PROPERTY OF TH	DUE TO, OR AS A CONSEOU (c) NOITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT IN OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES IN CERTIFY YES	, WERE FINITYING CAUS	DINGS USE ES OF DEA NO [TH?
	gave rise to im couse (o), stati underlying couse (n). PART 2. OTHER SIG	INTERIOR THE PROPERTY OF THE P	DUE TO, OR AS A CONSEOU (c) 19b CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.) ottended the deceased from	ENCE OF DEATH BUT IT H OPERATION AY YEAR 19 FARM, ETC.)	N WAS PERFORMED 21c HOW INJURY OCCUI 211. LOCATION	200 AUTOPSY? YES NO	206. IF YES IN CERTIF' YES IRY IN ITEM 18, PA	, WERE FINITY YING CAUS	DINGS USE ES OF DEA NO [TATE
	gave rise to im couse (0), stati underlying couse (1). Stati underlying couse (1) PART 2. OTHER SIG (1) OR CONTRIBUTING (IF ETHER, NOTIFY MED) (2) COUNTRIBUTING (1) COUNTRIBU	IMEGIOTE IN THE COLOR OF THE CALE AMINER OF DEATH CALE AMINER OF DEATH CALE AMINER OF THE	DUE TO, OR AS A CONSEOU (c) NDITIONS CONTRIBUTING TO 19b CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,) ottended the deceased from mew the body ofter death.	ENCE OF DEATH BUT II H OPERATION AY YEAR 19 FARM, ETC.)	21c HOW INJURY OCCUI 211. LOCATION STREET d that in (my) (qur) apinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO	206. IF YES IN CERTIFY YES	COUNTY	DINGS USE ES OF DEA NO [TATE we) lated
	gave rise to im couse (0), stati underlying couse (1). Stati underlying couse (1) PART 2. OTHER SIG	IMEGIOTE IN THE COLOR OF THE CALE AMINER OF DEATH CALE AMINER OF DEATH CALE AMINER OF THE	DUE TO, OR AS A CONSEOU (c) NDITIONS CONTRIBUTING TO 19b CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,) ottended the deceased from mew the body ofter death.	ENCE OF DEATH BUT II H OPERATION AY YEAR 19 FARM, ETC.)	21c HOW INJURY OCCUI	200 AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred an the comments of th	206. IF YES IN CERTIFY YES	COUNTY	DINGS USE ES OF DEA NO [2]	TATE we) lated

etained by the hospital or attending physician

DHMH-16 50M 7/77 (VR A 15 (4))

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DHMH - 17 (VR A15 ME (5)) 30M 7/73 FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGION 232

	REG	ISTRAR		MED	ICALEXAMIN	EK.2 CEKILL	ICATE OF L	DEATH # 3 REG.Y	10		
		SED NAME	FIRST	1	MIDDLE	LAST	Charles Dy	20. DATE KNOWN	MONTH DAY	YEAR	2b. HOUR
	(TYPE OR F	PRINT)	JOHN		WESLEY	GI	REEN	OF ESTI-		19	M
	3. SEX		4. RACE	5 DATE OF BIRTH	6. AGE (IN YEAR LAST BIRTHDA		HOURS MIT		MONTH DA	Y YÉAR	2 193
	ma	le	black	8 22	49 LAST BIRTHDA	S. MONTHS DAYS	HOURS MI	DEAD	1/22	19 79	P. M
V		PLACE (ST	ATE OR	76 CITIZEN OF WHA	AT COUNTRY?	8. MARRIED TA	IEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF	DEATH	
	NORT	H CAR	OLINA	USA		WIDOWED -	DIVORCED	□ Prince	George C		MD.
1	Che	ver1y		Prince G	ITAL, NURSING HOME LITY, GIVE STREET ADDRESS) George Gene	ral Hospi		FOR MOST OF WORKING LIFE) STUDENT		OR INDUSTR	
7	13a STATE	C.			RESIDENCE BEFORE ADMISSION 134. CITY OR TOWN		CITY LIMITS? 13.	STREET ADDRESS OL QUACKENBOS	STREET	, N. V	٧.
1		r's name JÖHN	A GREEN	MIDDLE	LAST	15. MOT	HER'S MAIDEN N	MIDDLE G.	S	A'V'AGE	
7	16a, WAS (YES, NC	DECEASED OR UNKNO	DEVER IN U.S. ARA		166. SOCIAL SECURITY 79 66 3074		RMANT IN A. GR	EEN 501 QUA	S CKENBOS	ST., I	. W.
	PAR	gave ris cause (a) lying cou	ns, if any, which the tall immediate stating the under- se lost.	(b) DUE TO, OR AS (c)	S A CONSEQUENCE OF A CONSEQUENCE OF THE TERMINATION OF T	DF DF		al.			
		15						w),			
-	LIFICA	. DATE OF	OPERATION	196. CONDITIO	ON FOR WHICH OPER	ATION WAS PERFO	RMED?		20.	AUTOPSY?	NO 🗆
5	CALC	DERLYING	NG CAUSE OF D	EATH ? P.M.	1/22 1979	found	eyoccurred (E	NTER NATURE OF INJURY IN ITEM 1	8 PART 1 OR PART 2)		
	WH AT	HILE WORK	NOT WHILE AT WORK	21e. PLACE OF STREET, FACTOR UNKNO	RY, FARM, ETC.)	211. LOCATION STREET unknown	1	CITY OR TOWN	COUNTY		STATE
	de	eath resulte	/ .	e of the remains descri	(A)	TITLE	(SPECIFY)	Indetermined manner	and in my apinian		
7	SIG	TUAL SNATURE _ AMINER'S	NAME Thomas	s D. Smit	h. M.D.	ADDRESS		MEDICAL EXAMINER Penn Street	SIGNED	1/23/	
	23a.BURIA (SPECIF	BURI	TION,REMOVAL 2		23c. NAME OF CEM		TORY 2	3d LOCATION CITY OR TOWN CHINQUAPIN	DUPLIN	N. C	ATE
	24. FUNE	RAL DIREC	TOR WILLIAMS	4804°Ge	orgia Ave,	Wash, D.	JAN 3	0. BY REGISTRAR 256. 850	SISTRAR'S SIGNA	ATURE	

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1		REGISTRAR	E FIRST		7716	WIDDLE	XAMIN	LK J C	AST	CAIL	OI DE			WKK)	MONTH	DAY	YEAR	Zb. HOUF	
1		OR PRINT)	T. C.	Mild:	red	C.			Gre	en		DEA	F ES	TED	1		1979	20. 11001	
3	B. SEX		4. RACE	5 DAT	TE OF BIRTH	YEAR	6. AGE (IN YEA		DER 1 YR.		ER 24 HRS	. 2c. D/	ATE		MONTH	DAY	YEAR	3 H84	
ı	fer	nale	white		9-25-		73 YR		DAYS	HOURS	MIN	PRONC	DUNCEE EAD)	1	26	1979	a. A	
1	7a. BII	RTHPLACE (S	TATE OR	7b. CI	TIZEN OF W	HAT COUN		1	D N	VER MAR	BIED [9. BAL	TIMORE	CITY OR	COUN	ITY OF			
	Wa	shing	ton D.C	. 1	USA			WIDOWE		DIVO	_	Pr	cinc	e Goo	orge	Cot	unty	MI	
ľ		Y OR TOWN		II, NA	AME OF HO	SPITAL, NUF	SING HOME	OR OTHE	R INSTITU	NOITU	12a. U	SUAL OC	CUPATI	ON (TYPE C	OF WORK	12b. KI	ND OF BURNDUST	ISINESS RY	
1		Chever					ge Hos		L		R	etii	red			Dis	st-G	ov't	
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ŀ	1	NO	AE DEATH (C-A		1.	577	01 1	91 I	Alt	on I	P. W	atts	1) 2	oro)	Fo		PPROXIMAT	lle,	
l		PARTIDE	OF DEATH (Enter of EATH WAS CAUS	ED BY:	P ₁		ry emb	01118										AND DEATH	
l		V111	IMMEDIA	ATE CAU	3E (a)		SEQUENCE C									-			
ı	>		hs, if any, whic	h \			1 phle		combo	sis									
I		cause (a	ise to immediat) stating the <u>unde</u>		(0)		SEQUENCE C					- 6							
I		lying car	use last.		(c) Fr	actur	e Left	hip											
1		PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).																	
4	CERTIFICATION	IA DATE OF	ODEDATION													-			
1	FICA	190, DATE OF	OPERATION		196. CONDI	I ION FOR V	VHICH OPERA	ATION WA	AS PERFOI	RMED?							AUTOPSY		
1	ERTI	21a EXTERNA	AL CAUSE WAS		21b. TIME O	FINILIRY		Tale HO	WINIIIP	V OCCUP	RED (ENTE	NATURE O	E INTURY II	N ITEM 18 PA	PT 1 OP P		YES LXX	NO	
1		UNDERLYING		DEATH		HTMOM A	DAY YEAR				str								
-	MEDICAL	214 INTUDY	OCCUPPED		21e. PLACE	OF INJURY	(AT HOME,	211. LOC	ATION	LIGH	PLI	ick l	by a	a cont) D T T	. e			
	W	WHILE AT WORK	NOT WHILE AT WORK	XX	STREET, FAC	TORY, FARM, ET	C.)	Route	e#4Ne	ar	Donne	ell I	or F	orres	stvi	11e	, PG	Co .M	
			ify that I taak cha				o hald	Autapsy		Inspect		lnou					,		
	5	death result		ural caus		Accident		ide	Hami			Inqu	,		in my a	hinian			
I		gedin reson	1 1	oral caos	,	Accident	42. 301	ide		SPECIFY)	Ollu	rennined	monne						
		ACTUAL SIGNATURE	Mrg	ma	LDO	lan /	201	M.	Assi	,	t MF	DICALEX	(AMINE	R	DATE	ED	1/2	7/79	
1						14	7					DICHELA	170111111		31011				
1	-	(TYPE OR PRI	NAME VIRGI	NIA	L. DO	LAN, N	L.D.	A	DDRESS_	111	Pen	Sti	reet	, Ba	lto,	MD	21201		
1	23a.BL	JRIAL, CREMA	TION, REMOVAL	23b. DAT	E	23c. N	AME OF CEM				23d.	OCATIO Y OR TOWN	N		cou	INTY	· s	ATE	
	I	Burial		300	Jan 19	79 C	ongres	sion	nal	Cem		Was	shir	gto	n		D.C.		
	24. FL	NAME	Rober	t E.	. Wiel	helm	Fune	cal I	Home	25a. DAT	F F R	Y REGIS	gard ²	Sb. REGIST	RARS	SIGNA	ECLES.	dy	
L				St	uitla	nd, 1	Id.				San Bod	afri II			.1			/	

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